

This transcript of the Advisory Board on Radiation and Worker Health, Los Alamos National Laboratory (LANL) Work Group, has been reviewed for concerns under the Privacy Act (5 U.S.C. § 552a) and personally identifiable information has been redacted as necessary. The transcript, however, has not been reviewed and certified by the Chair of the LANL Work Group for accuracy at this time. The reader should be cautioned that this transcript is for information only and is subject to change.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

LOS ALAMOS NATIONAL LABORATORY WORK GROUP

+ + + + +

WEDNESDAY  
NOVEMBER 3, 2010

+ + + + +

The Work Group convened, in the Zurich Room of the Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky, at 9:00 a.m., Mark Griffon, Chairman, presiding.

PRESENT:

MARK GRIFFON, Chairman  
JOSIE BEACH, Member  
JAMES E. LOCKEY, Member  
WANDA I. MUNN, Member  
ROBERT W. PRESLEY, Member\*

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ALSO PRESENT:

TED KATZ, Designated Federal Official  
ISAF AL-NABULSI, DOE\*  
ELIZABETH BRACKETT, ORAU Team\*  
ROBERT BURNS, ORAU Team\*  
ANDREW EVASKOVICH, Petitioner  
JOSEPH FITZGERALD, SC&A  
EMILY HOWELL, HHS\*  
JENNY LIN, HHS  
GREGORY MACIEVIC, DCAS  
CHRIS MILES, ORAU Team  
JIM NETON, DCAS  
KATHY ROBERTSON-DEMERS, SC&A\*  
DAN STEMPFLEY, ORAU Team\*  
DON STEWART, ORAU Team\*

\*Participating via telephone

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1 P-R-O-C-E-E-D-I-N-G-S

2 9:01 a.m.

3 MR. KATZ: Let's begin, actually,  
4 with roll call.

5 This is the Advisory Board on  
6 Radiation and Worker Health, the Los Alamos  
7 Working Group. My name is Ted Katz. I'm the  
8 Designated Federal Official for the Advisory  
9 Board.

10 Roll call, we will begin with  
11 Board Members in the room.

12 CHAIRMAN GRIFFON: Mark Griffon,  
13 Los Alamos Work Group Chair. No conflicts.

14 MR. KATZ: Right, please note  
15 conflicts, right.

16 MEMBER BEACH: Josie Beach, Board  
17 Member. No conflicts with LANL.

18 MEMBER MUNN: Wanda Munn, Board  
19 Member. No conflicts.

20 MEMBER LOCKEY: Jim Lockey, Board

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1 Member. No conflict.

2 MEMBER PRESLEY: Bob Presley,  
3 Board Member. No conflict.

4 MR. KATZ: Okay, thank you.

5 And NIOSH/ORAU team in the room?

6 MR. MILES: Chris Miles. I'm an  
7 ORAU contractor. No conflict.

8 MR. MACIEVIC: Greg Macievic,  
9 NIOSH. No conflict.

10 DR. NETON: Jim Neton, NIOSH. No  
11 conflict.

12 MR. KATZ: NIOSH/ORAU team on the  
13 line?

14 MR. BURNS: Bob Burns. No  
15 conflicts.

16 MR. KATZ: Welcome, Bob.

17 MR. BURNS: Good morning.

18 MR. STEWART: Don Stewart, Dade  
19 Moeller. No conflict.

20 MR. KATZ: All right, SC&A, in the

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1 room?

2 MR. FITZGERALD: Joe Fitzgerald,  
3 SC&A. No conflict.

4 MR. KATZ: SC&A, on the line?

5 MS. ROBERTSON-DEMERS: Kathy  
6 Robertson-DeMers. No conflicts.

7 MR. KATZ: Welcome, Kathy.

8 Is that all, Joe, you are  
9 expecting?

10 MR. FITZGERALD: That should be  
11 it.

12 MR. KATZ: Okay. And HHS or other  
13 federal officials or contractors to feds in  
14 the room?

15 MS. LIN: Jenny Lin, HHS.

16 MR. KATZ: And on the line?

17 MS. HOWELL: Emily Howell, HHS.

18 MR. KATZ: Welcome, Emily.

19 MS. AL-NABULSI: Isaf Al-Nabulsi,  
20 DOE.

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1 MR. KATZ: Welcome, Isaf.

2 MS. AL-NABULSI: Thanks.

3 MR. KATZ: Okay, members of the  
4 public in the room?

5 MR. EVASKOVICH: Andrew  
6 Evaskovich, LANL petitioner.

7 MR. KATZ: And on the line, any  
8 members of the public?

9 (No response.)

10 Very good. Then, let me just  
11 remind everyone on the line, please mute your  
12 phones except when you're addressing the  
13 group. Use \*6 if you don't have a mute button  
14 and \*6 again to unmute your phone.

15 And I have sent out a very  
16 barebones agenda which is posted on the web.  
17 Most of it, though, is really a matrix that we  
18 are following that has been PA-cleared, given  
19 to the petitioner, and is available to anyone  
20 else that requests it as well.

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1                   It's all yours, Mark.

2                   CHAIRMAN GRIFFON:     Okay, I did  
3     update this matrix. I apologize; I think at  
4     the last meeting I said I would update in a  
5     couple of weeks. It was more than a couple, a  
6     couple of months, several months. And my  
7     notes got a little harder to interpret after  
8     several months.

9                   (Laughter.)

10                  But, anyway, it is updated now,  
11     and I thought we could at least start working  
12     from the matrix. I know that NIOSH sent out a  
13     response document also that we should get to  
14     during this meeting.

15                  And then Andrew put together some  
16     comments, which feel free; I think there's  
17     several that intertwine with the matrix. So,  
18     as they come up, if you want to bring up  
19     issues that are in your document, I think they  
20     should be brought up during it.

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1                   For instance, I know you  
2                   referenced a checklist, use of a checklist, in  
3                   your document. I know that is in our matrix  
4                   as well. So, as issues come up, I think that  
5                   just makes sense to bring them up, from what  
6                   Andrew commented on as well.

7                   So, with that in mind, I guess we  
8                   can just start on the matrix. There's only  
9                   seven or eight items, but they are all very  
10                  large, all-encompassing kind of items. I  
11                  think last meeting we made it through the  
12                  first one up to the lunch break. But let's  
13                  start at No. 1, which is the capability to  
14                  monitor and measure mixed-fission and  
15                  activation products.

16                  I think there are several things  
17                  that I tried to capture with the actions that  
18                  were mostly for NIOSH, I believe. I think the  
19                  one critical one, and I'm not sure the extent  
20                  to which it was addressed in the NIOSH

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1 response document, was the use of the  
2 substitute data, particularly the cesium data,  
3 for your coworker model for mixed-activation  
4 products and mixed-fission products.

5 Maybe we can start with whether  
6 NIOSH had a chance to look at that. I know,  
7 Jim, you had commented that that was something  
8 you wanted to go back and look at closer, Jim  
9 Neton. I know this is kind of a refresher,  
10 too.

11 MR. MACIEVIC: Let's see, I'm  
12 going through. What I am going to try to do  
13 is go through, as you said, for Andrew --

14 CHAIRMAN GRIFFON: Right.

15 MR. MACIEVIC: I'm going to go to  
16 our responses and try to go through there.  
17 And I felt I would go with what we have, and  
18 if it doesn't address the issue of the matrix,  
19 we will end up having to use that as an action  
20 item.

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1                   CHAIRMAN GRIFFON:     That's fine.  
2     What I'm going to do, I'm going to keep notes  
3     live today, so that I will have this matrix  
4     when I leave, and I can just email it.  
5     Because if I don't do it that way, it's not  
6     likely to get done for several months. So, I  
7     am going to do it live.

8                   COURT REPORTER:   This is the court  
9     reporter. Was that Jim Neton speaking just  
10    before the Chair?

11                  CHAIRMAN GRIFFON:   No, it was Greg  
12    Macievic.

13                  MR. KATZ:     It was Greg Macievic.  
14    Oh, yes, I'm sorry. I had forgotten, Charles,  
15    that you're not in the room. So, folks, he  
16    won't able to recognize all of our voices,  
17    some of ours maybe, but not all of ours. So,  
18    please try to note who you are when you speak  
19    for his sake and for the court reporting.

20                  We will also have action items

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1 from SC&A and from NIOSH after this meeting,  
2 in addition to whatever you do in the matrix,  
3 so that it is very clear what's going to be  
4 done next.

5 CHAIRMAN GRIFFON: Oh, you just  
6 want an action listing at the end? Is that  
7 what you're saying?

8 MR. KATZ: That's what we do with  
9 all the Work Groups. We get an action listing  
10 from SC&A, an action listing from NIOSH,  
11 usually within a week or so.

12 CHAIRMAN GRIFFON: Okay.

13 MR. KATZ: Then, it's very clear  
14 what next steps are.

15 CHAIRMAN GRIFFON: Right.

16 MR. MACIEVIC: And then, that will  
17 be linked to a matrix like this one, so that  
18 we know what the comment is.

19 MR. KATZ: Mark will keep a  
20 matrix. That's what he does, and it's done

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1 well. But, yes, if you would just make the  
2 listing descriptive enough so that it is clear  
3 to everyone who is here what the item is, that  
4 would be great.

5 MR. MACIEVIC: Okay, in terms of  
6 the cesium and how it applies to using cesium  
7 for mixed-activation products, we have no  
8 page -- does everybody have my document that I  
9 sent out?

10 On page 14, we talk about the  
11 cesium that is not necessarily associated with  
12 mass for non-reactor facilities, that you can  
13 use it for the reactors, but not for the LAMPF  
14 facility, which was the main concern of the  
15 discussion that we had last time. A lot of  
16 these items were for LAMPF.

17 What we have done is we have  
18 looked at the monthly activity reports. I  
19 should probably say as a preface to this that  
20 our whole philosophy -- what we are doing is

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1 that we are saying that, in general, the  
2 program, there is enough data in order to do  
3 dose reconstructions and not be an SEC, that  
4 we have the checklist and the health physics  
5 quarterly reports that show there is a  
6 significant amount of data that is included  
7 for all the different activities that we are  
8 talking about at the different facilities, for  
9 example, at LAMPF.

10 And I'll show that later when we  
11 get to looking at the example that I have for  
12 checklists and the HP reports. You will see  
13 referenced in here, too, the health physics  
14 accelerator section of the quarterly reports,  
15 and we also have the checklists which talk  
16 about, have bioassay involved.

17 What you have, in using the  
18 cesium, it is not apparently going to be able  
19 to be used as a coverage for this item, but  
20 what we have is that the episodic nature of

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1 the exposures that have the potential to  
2 create the mixed-activation products, there is  
3 coverage in the routine activities of the site  
4 for airborne, for gamma spectroscopy, for  
5 bioassay and in vivo, that would allow for the  
6 individual and the exposure to be described  
7 when it does occur.

8 And we have, for example, in here  
9 that the HP reports include a number of whole-  
10 body counts requested for LAMPF personnel,  
11 that they do collect urine samples, and they  
12 have health physics interviews when there are  
13 incidents that occur, if they do occur. And  
14 there's very few, and not really many  
15 incidents have occurred.

16 Our program of applying -- well,  
17 I'll save that for another question that comes  
18 up in here. So, you have the LANL whole-body  
19 count database also contains fields that  
20 describe the radionuclides, MDA for the

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1 different activities, materials that were  
2 involved, the geometry of the detectors.

3 They also say that the whole-body  
4 counts are specifically for LAMPF personnel.  
5 So, that is saying that there were counts for  
6 specific things. Even when they do come up  
7 with non-detectable, there was a whole-body  
8 program to count people that were at the  
9 facilities when these were in operation and  
10 when they had any kind of problems or routine  
11 surveys.

12 They had nuclides that are found  
13 are very short-lived. Most of the material or  
14 the dose values that are given that you see in  
15 several reports are external doses because  
16 many of these are gamma emitters and producing  
17 dose through gamma emission, and you have  
18 counts given off of swipes and also air-  
19 counting filters.

20 One of the things that we found is

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1 that, well, it should be noted that with all  
2 this data, and when we look at the HP  
3 checklists and the quarterly reports, there  
4 are numbers of samples that have been taken of  
5 different types of health physics activities.

6 So, there's a number of them.

7 We have only taken a small sample  
8 of those when we have done our data captures.

9 And from those data captures, we do find a  
10 number of charcoal and paper filters that in  
11 the LAMPF database, and water samples, where  
12 we do have activity measurements where you can  
13 perform, develop a ratio application for these  
14 different radionuclides, if necessary, and  
15 apply them to the whole-body count. Those are  
16 available for this facility to cover those  
17 types of activities.

18 So, again, it's an arm-waving  
19 thing that we have here because we haven't  
20 done the examples, but there is material

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1 available for us to be able to do that kind of  
2 activity.

3 MS. ROBERTSON-DEMERS: This is  
4 Kathy Robertson-DeMers.

5 Can you provide us with the SRDB  
6 numbers for those checklists?

7 MR. MACIEVIC: As a matter of  
8 fact, I have a 140-page report where we went  
9 just through all the LAHDRA data. Yes, you  
10 can get a listing of the SRDB and also the  
11 LANL documents and LAHDRA that pertain to  
12 checklists and the health physics reports.

13 Again, these are all samples. So,  
14 you are not going to get every report that was  
15 ever generated there. You will only be able  
16 to get the ones that we captured.

17 But there are several documents  
18 with numbers that we can get that report to  
19 you.

20 MS. ROBERTSON-DEMERS: Thank you.

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1                   MR. MACIEVIC:   And a little later,  
2                   I'm going to just give some examples of things  
3                   in the documentation that we found to further  
4                   expand on the fact that there were many  
5                   activities going on in the early years, in the  
6                   mid-70s and later, that covered these  
7                   radionuclides, and there's also discussions in  
8                   the early years that talk about, actually talk  
9                   about the actinides and some of these exotic  
10                  radionuclides, that there is documentation.

11                  Of course, these are the titles in  
12                  the documentation, and every one of these  
13                  documents hasn't been gone through, but the  
14                  point being you will have a large mass to go  
15                  through to get the details of each one of  
16                  these things.

17                  MEMBER BEACH:   And you said that  
18                  you are going to make that available, Greg?

19                  MR. MACIEVIC:   Yes, we can get the  
20                  SRDB document numbers, and I will also have

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1       this.       I won't send the whole 140-page  
2       document.    What I will do is give the LANL  
3       document number in the LAHDRA database for  
4       several of these that cover procedures,  
5       checklists, and other things that were  
6       involved in the data-capturing and from  
7       LAHDRA.    So, we will have that. There's quite  
8       a few.

9                   MEMBER BEACH:   And before you move  
10       on, do you have another copy of your report  
11       that you sent out for the meeting?   Andrew  
12       doesn't have one and I see that it is cleared,  
13       so he should probably have one, shouldn't he?

14                   MR. KATZ:       It should have been  
15       emailed to him.

16                   MEMBER BEACH:   I thought if Greg  
17       had --

18                   MR. MACIEVIC:       I don't have  
19       another one.

20                   MEMBER BEACH:   You don't have

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1 another one? Okay.

2 MR. MACIEVIC: Sorry.

3 MEMBER BEACH: Thank you.

4 MS. ROBERTSON-DEMERS: This is  
5 Kathy Demers again.

6 Do you have the actual in vivo  
7 counts that are referenced in the checklist?

8 MR. MACIEVIC: Yes, some of these  
9 counts, yes, we do have. That I don't have  
10 available here. That is another thing we  
11 would have to provide for the actual in vivo  
12 counts that are discussed in the checklist or  
13 in the HP reports.

14 MS. ROBERTSON-DEMERS: Okay.

15 MR. MACIEVIC: I'm not sure the  
16 number of them, though.

17 MS. ROBERTSON-DEMERS: Okay.

18 CHAIRMAN GRIFFON: This is Mark  
19 Griffon.

20 Right now, you're only talking to

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1 the LAMPF workers? Is that what you're  
2 focused on?

3 MR. MACIEVIC: Well, yes. That  
4 was the majority of our meeting last time, was  
5 the LAMPF.

6 As far as using the cesium for the  
7 reactors, yes, we would say that does cover it  
8 because that is one of the activation or the  
9 fission products involved in there, and we  
10 would use that material, cesium, to cover.

11 CHAIRMAN GRIFFON: But you're  
12 still saying that that is going to be your  
13 model for the reactor?

14 MR. MACIEVIC: Yes, that will be,  
15 for the reactors, yes. Only looking at LAMPF,  
16 we think that, yes, for these mixed-activation  
17 products which are being produced at LAMPF,  
18 you would not, or in a case where you have  
19 mixed-activation products, you would not be  
20 able to -- you would use the air-sample data

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1 to find, to develop a model for it.

2 DR. NETON: That was sort of the  
3 last thing. We had proposed to use the cesium  
4 in vivo measurements to cover mixed-activation  
5 products. It wasn't obvious to folks that you  
6 could cover the accelerator facilities. From  
7 what Greg is saying, that's true, you can't,  
8 but there are a number of other pieces of  
9 monitoring information that are available to  
10 cover places like the LAMPF.

11 CHAIRMAN GRIFFON: So, in between  
12 the hand-waving, I might have missed the  
13 actual methodology for those workers. What  
14 are you proposing? You don't have anything  
15 concrete yet?

16 MR. MACIEVIC: Not concrete, and  
17 that is on page 15 that we are talking about,  
18 the small coworker study that would take these  
19 filter papers and the charcoal and work up a  
20 ratio of the radionuclides that would be

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1 applied to the whole-body counts from that and  
2 see how feasible that is as a possibility.

3 MR. FITZGERALD: I guess a couple  
4 of questions. On the accelerator side, I  
5 think it was concluded, at least in the ER,  
6 that there wasn't much in the way of -- and I  
7 think it was the word "sparse" or "lacking" in  
8 terms of actual bioassay results.

9 But when you are trying to marry  
10 up the air sampling just to come up with some  
11 actual ratios, is there enough to work with?

12 MR. MACIEVIC: Well, that's the  
13 thing to see because what we have are samples,  
14 and then see if there's going to be any more  
15 or whether we have the capability -- and that  
16 would be a way to go forward on it.

17 MR. FITZGERALD: I think that  
18 might be a central question because, again,  
19 the fact is there just wasn't much in the way  
20 of data --

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1 MR. MACIEVIC: Right.

2 MR. FITZGERALD: That could be  
3 used on the bioassay side. So, even in a  
4 comparison, you're going to get into some, I  
5 guess, how much is enough to give you some  
6 confidence?

7 MR. MACIEVIC: Exactly.

8 MR. FITZGERALD: On the reactor  
9 side, I don't have any problem certainly with  
10 the -- and I think we said this last time --  
11 with the cesium for a reactor environment,  
12 using the OTIB.

13 But, as I recall operations at  
14 LANL, as far as mixed-fission products, that's  
15 not the only place you're going to find them.

16 CMR, which, of course, handled residues and  
17 materials from the reactors, chem processing  
18 facilities -- actually, most of the DOE sites  
19 had something like that. LANL with CMR.

20 You are going to have mixed-

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1 fission products, some of those processes  
2 being handled. I guess my question would be,  
3 you wouldn't have the same ratio as you would  
4 in a reactor environment. How would you apply  
5 cesium-137 using the OTIB basis for that?

6 You're going to have a reactor  
7 environment which would enable you to use  
8 those ratios and apply cesium that way, but  
9 I'm not sure that would follow through if you  
10 are talking about a different --

11 MR. MACIEVIC: Let me ask Don  
12 Stewart --

13 MR. STEWART: Yes, Greg?

14 MR. MACIEVIC: In doing the DRs,  
15 on that question, the cesium question for the  
16 non-accelerator cesium, non-accelerator  
17 products, but how are you using cesium  
18 involved with the reactor materials that get  
19 sent to other parts of the facility but are  
20 not straight from the reactor, but have been

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1 mixed with other things? Do you have a feel  
2 for that?

3 MR. STEWART: What we go on,  
4 typically, is the material we see in the  
5 bioassay records. If we see a radionuclide  
6 there, we assume a presumptive exposure.

7 So, if there's cesium in the  
8 records, we look at it. You know, if there's  
9 something in the history that says they were  
10 exposed to a certain radionuclide, we will go  
11 and look at it.

12 MR. FITZGERALD: I guess my  
13 question is, when you have mixed --

14 CHAIRMAN GRIFFON: Joe Fitzgerald.

15 MR. FITZGERALD: I'm sorry, I keep  
16 forgetting. Joe Fitzgerald.

17 If you're talking about mixed-  
18 fission products, maybe not with a clear  
19 identification, I mean I think that's how we  
20 backed into a lot of this, and it's not easy

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1 to distinguish.

2 The approach to using cesium-137  
3 as essentially a substitute, how would you  
4 apply that substitute in a non-reactor  
5 environment which you're going to have? And  
6 CMR is going to come to mind, but there may be  
7 some other facilities at LANL that processed.

8 How are you going to handle that, because  
9 there might not be a clear marker? It may  
10 just be listed as mixed-fission.

11 MR. STEWART: Well, typically,  
12 what we will do when we are presented a set of  
13 possibilities is put together some sort of a  
14 chooser. What that will do is go through and  
15 look at all the possible radionuclides and  
16 assign the one with the highest dose.

17 My example is the one that we have  
18 for Savannah River Site. When we had a whole-  
19 body count on record, we would go and we had a  
20 spreadsheet that would put together, you know,

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1 sort of it would tell us for each organ and  
2 each potential period of exposure which  
3 radionuclide would result in the highest dose.

4 Again, I've been away from Los  
5 Alamos for some time. So, I'm not really sure  
6 what's going on in the DR right now. But if  
7 we had a suite of radionuclides, they would  
8 expect us to typically select that  
9 radionuclide resulting in the highest dose for  
10 that cancer organ and for that potential  
11 period of exposure. We look at those two  
12 parameters when we assign the actual  
13 radionuclide.

14 MR. FITZGERALD: Yes, I guess I'm  
15 familiar with that approach. But what I'm  
16 looking for is, when we go from 1975 or 1970,  
17 if you accept the thesis that the advent of --

18 CHAIRMAN GRIFFON: This is Mark  
19 Griffon.

20 I just wanted to step in one

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1 second because the approach you described, is  
2 that the approach being described in the  
3 response here? It seems to be saying cesium.

4 I think that approach I've seen in the  
5 procedures review and the DR reviews, where  
6 you have a selector, but this one is not  
7 saying that, is it?

8 I mean in the ER I see cesium, not  
9 selecting the nuclide that gives the highest  
10 dose. It's not saying that.

11 MR. STEWART: I'm going to have to  
12 defer to Chris on that one. I have been away  
13 from Los Alamos dose reconstruction for  
14 several months.

15 CHAIRMAN GRIFFON: I mean that  
16 would be a particular OTIB that does that,  
17 that fission products, right?

18 DR. NETON: It is some scaling of  
19 the other radionuclides in the possible mix.  
20 I mean that's standard.

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1                   CHAIRMAN GRIFFON:   Okay.   So, it's  
2   that same -- all right.   All right.

3                   DR. NETON:       It would be unusual  
4   that someone would just be exposed to cesium.

5                   CHAIRMAN GRIFFON:   Right, right.  
6   Well, I agree.   But the way it was written in  
7   the --

8                   DR. NETON:       Yes, maybe that needs  
9   to be clarified.

10                  CHAIRMAN GRIFFON:   Yes.

11                  DR. NETON:       This is Jim Neton, by  
12   the way.

13                  That is the issue that Joe was  
14   bringing out --

15                  CHAIRMAN GRIFFON:   Right.

16                  DR. NETON:       Is that it may be easy  
17   or sort of straightforward to establish the  
18   ratio of the isotopic mix in a reactor  
19   facility.   Once you remove those components  
20   and start playing with them, then what are we

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1 going to use, I think there is a question --

2 CHAIRMAN GRIFFON: Yes.

3 DR. NETON: For the mix in a  
4 separate facility.

5 CHAIRMAN GRIFFON: Right.

6 DR. NETON: From what I'm hearing  
7 so far, I haven't heard a good answer from our  
8 side. We need to establish that. We sort of  
9 need to establish what that would be for these  
10 other facilities. It doesn't sound to me,  
11 from what I have heard here, that we have that  
12 approach completely thought out. That would  
13 be something that we need to flesh out.

14 MR. MACIEVIC: And part of the  
15 reason you're saying what you are is that most  
16 of our discussion, or pretty much all of our  
17 discussion last time -- this is Greg  
18 Macievic -- was based on LAMPF and the  
19 activities going on there.

20 So, in our discussion here, none

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1 of that is in this document that we responded  
2 to, but that is a point. We will have to  
3 flesh that out to make that more obvious as to  
4 how we are working with the cesium as an  
5 action item involved with the reactor --

6 DR. NETON: I was going to say,  
7 also, that saying the whole-body count, there  
8 are other radionuclides in the spectrum. So,  
9 we typically cover these mixed-fission  
10 activation products with an in vivo count. We  
11 expect that they're in a library, which  
12 assuming they are --

13 CHAIRMAN GRIFFON: Well, this goes  
14 back to the question of the data, too. I  
15 don't know what's there or what's available  
16 for this time period.

17 MR. MILES: This is Chris Miles.

18 This conversation kind of seems to  
19 assume that we've only got cesium, the  
20 capability to see cesium, but, actually, like

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1 Jim was mentioning there, the whole-body count  
2 or if there are other gamma emitters, they are  
3 going to show up there.

4 I think if you've got cesium shown  
5 in the bioassay and you have some indication  
6 that there may have been mixed-fission  
7 products, you know, you can use that OTIB  
8 using those ratios.

9 But like in CMR, for example, they  
10 maybe worked with a mix that is maybe a lot of  
11 strontium-90, for example. We have data that  
12 they did do bioassay for those kinds of  
13 things. They did monitor for that.

14 Just while I'm talking here, to  
15 jump over LAMPF real quick, it appears that, I  
16 mean from all the documents that I've looked  
17 at, the external dose is primarily the issue  
18 in that area. Even with the air emissions, it  
19 is primarily short-lived positron-emitters  
20 that are causing a lot of external dose.

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1                   However, in a bioassay record  
2                   there are other radionuclides identified.  
3                   There are these checklists to identify people  
4                   that would be required to be on that bioassay.

5                   There's evidence that they did air monitoring  
6                   to help identify areas where bioassay may be  
7                   necessary.

8                   And there are counts, whole-body  
9                   counts of individuals that worked in LAMPF  
10                  that have various radionuclides identified  
11                  that aren't cesium. You know, they are the  
12                  activation products that were produced at  
13                  LAMPF.

14                  So, I just want to try to stress  
15                  that we don't only have cesium data.

16                  MR. FITZGERALD: Yes, this is Joe  
17                  Fitzgerald.

18                  No, I think we were trying to make  
19                  that point last time, that our misgivings was  
20                  the application of cesium-137. It wasn't

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1 clear to us what the state of the actual data,  
2 whether it's a bioassay or air sampling. I  
3 mean I think that's where you start. How much  
4 data do you have? How good is it? Can you  
5 use it?

6 The ER sort of preemptorily  
7 concludes sparse and lacking. So, you jump a  
8 subsequent nuclide. And we're saying, okay,  
9 that sort of presumes that the data is not  
10 adequate and you're proposing, in essence, a  
11 bit of a workaround in terms of using cesium  
12 as a substitute.

13 We had some problems with the  
14 cesium, but we are still trying to go back and  
15 say, wait a minute, that seems to imply that  
16 there's no air-sampling data that is useful to  
17 use, no comparison that could be done with  
18 what data is available.

19 We found ourselves debating the  
20 strategy without having as the first order to

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1 understand what the availability of the data  
2 is.

3 Now the ER points out that the in  
4 vivo counting capability came online and  
5 afforded the opportunity to see these things.

6 However, in the records, it is not manifest  
7 necessarily in the records in terms of the  
8 results that would have come out of the  
9 detection.

10 So, that is certainly a conundrum  
11 in the sense that that's how the line was  
12 drawn, but it doesn't necessarily show up in  
13 terms of the records that one would use for  
14 dose reconstruction. So, it sort of begs the  
15 question, is 1975, or we could argue 1970, the  
16 break-point by virtue of the technology giving  
17 you the capability? But if that capability  
18 doesn't manifest itself in better records that  
19 would be useful in dose reconstruction, then  
20 is that the proper break-point or not?

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1                   When does the data, whether it's  
2 bioassay data or air-sampling data or some  
3 comparison of that, become sufficient that you  
4 don't have to necessarily do a, I call it,  
5 workaround? But finding a technique that  
6 enables you to get around the lack of data, so  
7 that kind of begs the question. If the data  
8 is that lacking, what changed in 1970 or 1975?

9                   I think we're beginning to hone-in  
10 on the fact that, well, people were being  
11 whole-body counted; there were checklists.  
12 But I'm still, I guess, bothered by the fact  
13 that, even though upstream you had indications  
14 for whole-body counting, downstream the actual  
15 results don't quite marry up.

16                   I would be really interested if  
17 one could marry them up better and find out if  
18 a comparison can be done. Really, that would  
19 be a far better place to be than using a  
20 substitute as a means to get there.

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1                   MR. MACIEVIC:     Well, as far as  
2     Appendix A on the health physics report, if  
3     you look on page 2, start looking down in --  
4     this is 1975 -- this is Greg Macievic -- and  
5     see for the LAMPF laboratory air samples in  
6     quarter 2 they had 909, laboratory swipes,  
7     204, water, 11, other 13, alpha swipes, 639,  
8     beta swipes, 893.

9                   On the next page, page 3, you have  
10    LAMPF    laboratory,    gamma,    1,352.    LAMPF  
11    laboratory,    tritium,   13,    and    the    LAMPF  
12    laboratory,    gamma spec, 133.

13                  Then, you go down with the LAMPF  
14    monitoring for radiation after shutdown and  
15    decay, 16, run operation, 53. All these, and  
16    so on down the line.

17                  DR. NETON:     Let's be clear what  
18    these are, Greg. These are surveys?

19                  MR. MACIEVIC:   These are surveys.  
20    This is surveys that were taken by health

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1 physics in the second quarter of 1975. There  
2 are a number of samples that are taken.

3 Now the thing is to go to these  
4 actual samples and have to produce them to go  
5 and see what kind of data you have on them and  
6 generate the information you need.

7 MR. FITZGERALD: Yes. I have to  
8 tell you, that's kind of where I would have  
9 been on LAMPF because there was a  
10 consciousness of what was being produced, and  
11 the fact of a short life sort of led to a few  
12 more on-the-scene surveys, and what have you.

13 You know, sending someone to be  
14 whole-body-counted, given the detectability  
15 and the short half-life, would have been  
16 probably not something that was very effective  
17 as far as a control.

18 But I guess that was probably the  
19 last time the ER took the position that using  
20 the cesium-137 as opposed to maybe going to

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1 air-sample data, using it in some fashion --

2 MR. MACIEVIC: Yes, other than  
3 that, we haven't had that many --

4 DR. NETON: This brings up a  
5 really good question, I think, even though  
6 philosophical in nature. But if you've got  
7 all these workplace surveys out there, the  
8 first question is, we can't go through these  
9 things further to demonstrate that things were  
10 all negative or such. But the question is,  
11 how representative, what percentage of the  
12 survey do you need to look at to say, yes,  
13 they were surveyed then and that they did  
14 detect contamination and followed it up?

15 The next question is, then, if  
16 they are documented surveys -- let's just  
17 assume for a second they all showed negative  
18 results and there was no contamination. Then,  
19 does it follow, then, that people really  
20 didn't need to be monitored?

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1                   We're getting into a situation now  
2 of modern-era types. We are going to be  
3 talking about it at the Board meeting and  
4 there will be a discussion.

5                   But in an era where there's a lot  
6 of documented negative contamination surveys,  
7 if people aren't monitored, is it acceptable,  
8 then, just to say that people probably were  
9 not exposed, with the occasional episodic  
10 thing that occurs or an incident and they say,  
11 oh, they found contamination and they did  
12 follow it up, and there is a whole-body count?

13                   Then, we could track that through  
14 the ground and show that sort of the rigor of  
15 the program was there to ensure that people  
16 were not being overly exposed.

17                   This is sort of a new era, area  
18 that we're getting into because these are not  
19 routine operations like we have had in the  
20 past where you have a uranium facility where

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1 they are constantly generating airborne  
2 radioactivity, and they needed to have a  
3 routine bioassay program. We are talking  
4 about a Pantex and even Mound, I expect.

5 CHAIRMAN GRIFFON: Yes, I don't  
6 know if I can answer the question on the  
7 percentage, but I think the argument needs to  
8 make sense. Yes, that if you can demonstrate,  
9 not like -- in the past we've had arguments  
10 where you say you see some writeup that says  
11 it had a strong or a robust radiation  
12 protection program. I think we need a little  
13 further than that as to what they did and --

14 DR. NETON: Yes, to demonstrate  
15 that they actually did have a program.

16 CHAIRMAN GRIFFON: Right. I don't  
17 know the percentages. You know, I mean we're  
18 going to debate that. But, I mean, I think I  
19 would agree with that, that if you can  
20 demonstrate that, then that shows that the

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1 program did make sense, that they didn't need  
2 to monitor.

3 MR. FITZGERALD: This is Joe  
4 again.

5 That is why upstream I just have  
6 more confidence in the sampling of the air-  
7 sampling data and survey data. The checklists  
8 themselves I am a little more skeptical about  
9 because it's a checklist. I mean it's  
10 something that you're alerting the worker or  
11 you're alerting line management that these  
12 things might be there, but I'm not sure how  
13 that translates into what would follow up in  
14 terms of monitoring and bioassay.

15 I know Andrew is raising some  
16 questions. But, you know, that part of it,  
17 and the Tiger Team, I'm not sure that  
18 connection is as good. I think I would be  
19 more confident if the air-sampling and  
20 monitoring survey information was sampled and

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1 was uniformly negative or you could at least  
2 follow ones that, if you had a sampling of  
3 maybe 10 or 20, whatever the number is, that  
4 if you could find a bioassay, that would be  
5 good.

6 MR. MACIEVIC: This is Greg.

7 For the Appendix B on the  
8 checklist, since we are talking about that now,  
9 I will bring that up. You've got Appendix B  
10 is for -- where is that? -- 1977, I think. It  
11 is for just the letters A and B, and you have  
12 the columns for all the radionuclides that  
13 were --

14 CHAIRMAN GRIFFON: This is  
15 Appendix B, Greg?

16 MR. MACIEVIC: Appendix B. Yes.  
17 And the job descriptions and the samples that  
18 were supposed to be left by each person, the  
19 type of material they were going to work with.

20 Of course, this is just for 1977.

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1       You would get another checklist for a future  
2       date, and if the job title changes and all  
3       that. I say that because we went to NOCTS,  
4       and on this group that's here found six  
5       claimants.

6                   What we found is the bioassay that  
7       they had -- and you to have the bioassay and  
8       then some -- if it says there's no bioassay  
9       required, there was no bioassay for that  
10      person. But on five other people, you have in  
11      there plutonium, tritium, and uranium that  
12      were bioassays that were required. And you  
13      find them and extras in the person's NOCTS  
14      file, which shows that they had it required,  
15      the samples are there, plus extra samples  
16      because the person, obviously, worked for  
17      several years.

18                   So, you may find in NOCTS more  
19      samples than were required in here because the  
20      person went to a different job, and we have a

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1 particular person who was a security guard and  
2 then became a machinist. When he became the  
3 machinist, they have specific samples required  
4 that are now in -- well, I should say, in here  
5 it says no samples are required, but you find  
6 samples in their NOCTS file. That is because  
7 they went from being a security guard to a  
8 machinist. So, now the machinist just  
9 produced samples; whereas, the initial, no  
10 samples were required, and from the fact that  
11 the person was at that time just a security  
12 guard, at that moment they did not require a  
13 bioassay sample.

14 But the fact is we wanted to  
15 follow up and find that, when they required  
16 sampling, that there's actual samples in the  
17 person's record. We have found that to match  
18 that back up, we have to go dig further if you  
19 are going to find out exactly what year for  
20 each one of these samples and things like

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1       that.    But the point is that you can do it,  
2       and the checklist was adhered to as far as  
3       that six people that fit the category in this  
4       appendix.

5                   MR. FITZGERALD:   Now this is Joe.

6                   So, you're basically saying that  
7       you sampled six claimants who -- you worked  
8       backwards?

9                   MR. MACIEVIC:   Well, what we did  
10       was we went and got this, developed the -- we  
11       didn't develop it for the people with the  
12       bioassay.   I went and for the amount of time  
13       we said, okay, A and B, to get you a sample,  
14       here's 1977, A and B.   Then, I said, okay, now  
15       go into the NOCTS file for all the LANL  
16       employees and, then, find me somebody with the  
17       -- you know, we have the IDs for people.   This  
18       file, which I don't have in here, actually has  
19       the names of the people that these checklists  
20       belong to.   So, I did not put that into this

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1 file for the privacy information, but there is  
2 a file which I do have that has the names  
3 associated. I went through all those names to  
4 find out how many are actual claimants --

5 MR. FITZGERALD: So, there were  
6 six claimants, 1977, A and B?

7 MR. MACIEVIC: From 1977. Their  
8 names were in this list in 1977, and they have  
9 the bioassay as according to this statement  
10 here.

11 Oh, I should say there's one guy  
12 who worked I think every freaking site there  
13 was in the country. So, I mean he was at  
14 Brookhaven, Oak Ridge, LANL, NTS. I mean he  
15 was all over the place. So, he would be sort  
16 of an outlier one as far as the samples go.

17 DR. NETON: But we should have  
18 known where the samples came from.

19 MR. MACIEVIC: Yes, you can find  
20 out.

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1 DR. NETON: The bioassays --

2 MR. MACIEVIC: Exactly. And we  
3 didn't go into that depth, to say, okay, which  
4 sample comes from which site and who gets  
5 that --

6 MR. FITZGERALD: And the checklist  
7 does stipulate bioassay.

8 MR. MACIEVIC: Yes, it does  
9 stipulate bioassay.

10 MR. FITZGERALD: Now the only  
11 question I guess I would have on that is, is  
12 there an inherent bias just because these are  
13 claimants, meaning that clearly they have a  
14 health effect they are going in and claiming?  
15 How many had bioassay requirements?

16 DR. NETON: I am not sure why  
17 there is a connection between health status  
18 and --

19 MR. FITZGERALD: Well, I mean I am  
20 just trying to figure out if you're working

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1 backwards --

2 MR. MACIEVIC: No, that's the  
3 thing; we did not pick. Out of all these  
4 people, there is whatever, 100, I don't know  
5 how many, 100 in here, or something like that,  
6 150 names that were on those sheets in 1977.  
7 We picked the 1977. We didn't pick it for  
8 claimants. We picked it for that.

9 MR. FITZGERALD: All right.

10 MR. MACIEVIC: And then went and  
11 said, how many of these --

12 DR. NETON: But it seems to me we  
13 do have the Los Alamos bioassay database.

14 MR. MACIEVIC: Oh, yes, exactly.

15 DR. NETON: So, one could go --

16 MR. MACIEVIC: Right, exactly.

17 DR. NETON: And randomly sample  
18 the database.

19 MR. MACIEVIC: You could do that.

20 MR. FITZGERALD: Which is what I

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1 think you were alluding to earlier, that you  
2 could sort of compare and see what was there?

3 MR. MACIEVIC: Sure. I think that  
4 would be worthwhile.

5 MR. FITZGERALD: Well, we could  
6 expand that, but --

7 CHAIRMAN GRIFFON: I am not sure  
8 as to whether, if you were on the checklist,  
9 if you were monitored. So that would be a  
10 better check.

11 MR. FITZGERALD: If you came in  
12 with mixed-fission products and exotics and  
13 said, can you marry up where there is a  
14 bioassay requirement for those to what was  
15 actually in the database.

16 CHAIRMAN GRIFFON: Right. Because  
17 this one, I guess the only question I would  
18 have, the six people that you looked at, the  
19 six claimants, you mentioned plutonium,  
20 uranium, and tritium.

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1 MR. MACIEVIC: Right.

2 CHAIRMAN GRIFFON: There were no  
3 exotics --

4 MR. MACIEVIC: That is the thing.

5 CHAIRMAN GRIFFON: Everybody was  
6 monitored for those things. Or a lot of the  
7 population was.

8 DR. NETON: There were some  
9 requirements on here for gamma.

10 CHAIRMAN GRIFFON: Yes.

11 MR. FITZGERALD: I tend to agree.

12 I don't think we are arguing on the plutonium  
13 in the modern era, and tritium, I think  
14 that --

15 DR. NETON: We should match up --

16 CHAIRMAN GRIFFON: The checklist  
17 and the database.

18 DR. NETON: It took time and  
19 effort to get the Los Alamos database  
20 computerized, as I recall.

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1                   MR. MACIEVIC:    Yes, it is.    You  
2                   could go to the database and check that out.

3                   DR. NETON:        I think that is  
4                   something that would be worthwhile doing, for  
5                   the fission products.

6                   MR. MACIEVIC:    Since we are on  
7                   that, this is not quite the same thing.  But  
8                   what we did do is went to all the NOCTS for  
9                   the DRs or went through all the DRs for LANL,  
10                  and we searched on the exotics and came up  
11                  with -- and you don't have this.  This is a  
12                  listing with the NIOSH ID and the  
13                  radionuclides sum.

14                  For the exotics, we found two  
15                  cases of actinium, one case of -- well, I'll  
16                  give you the years, too.  For the actinium,  
17                  the person worked from 1997 to 1999 and was a  
18                  cement finisher.  That was one of them.

19                  The other actinium was pre-`76,  
20                  and I believe it's a fireman that was involved

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1 with that for actinium.

2 And then, we have one curium, and  
3 the person worked from '60 to '93, and it was  
4 a mechanical technician.

5 Then, we have a number of  
6 strontium and it goes on, and we have thorium  
7 are the other ones that are there that were  
8 picked out.

9 And I just picked out one for  
10 strontium. He worked from '76 to '89, and he  
11 was a custodian.

12 So, these were not workers that  
13 you would just consider a person who was  
14 working on, like an operations-type person or  
15 a person working with the material. You have  
16 a custodian. You have a mechanical  
17 technician. You have a fireman. And there  
18 are exotics in their DRs.

19 Now this was a last-minute thing  
20 that I decided to search on. So, we had to go

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1 back through the DR and find out exactly how  
2 the exotic is referred to in the DR and how it  
3 was handled, because that is not brought out.

4 But what I wanted to see, I mean,  
5 do we even have the DRs where we are talking  
6 about any of these exotics and you can come up  
7 with the DR for LANL, the ones that have been  
8 finished?

9 So, that is something I guess we  
10 can go and follow that up, if we want to have  
11 that as an action item, to take a look at,  
12 pursue that further on the DR reports, to find  
13 out exactly where these exotics come from, how  
14 they're referred to in the DR, and what was  
15 done with them in that document. So, you have  
16 a better feel for --

17 MR. FITZGERALD: Current handling.

18 MR. MACIEVIC: Right, right.

19 MR. FITZGERALD: I guess I would  
20 also -- this is Joe again -- I would also want

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1 to highlight thorium-232, which didn't figure  
2 over a long time now, but does show up as a  
3 secondary and was also cited in that memo I  
4 passed around as part of their library. I  
5 don't know if that was really addressed  
6 specifically in mixed-fission activation as  
7 part of the exotics.

8 MEMBER MUNN: This is Wanda.

9 Greg mentioned it as having shown  
10 up in at least one of the assays that they  
11 had.

12 What seems to be said here is that  
13 the language in the ER and in the responses  
14 that we have from NIOSH so far aren't as clear  
15 as they need to be in order to address the  
16 specifics that have been asked. At least that  
17 is what I think I'm hearing.

18 Is that correct? I think I'm  
19 hearing from Greg that the data is there; the  
20 information is there; the process is there.

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1 But we don't see it in language or in the  
2 right places for us to be able to pick that  
3 up. Am I hearing that correctly?

4 MR. MACIEVIC: We've got all of  
5 this information, but we have not gone to all  
6 these individual sheets to pull all of that  
7 out and discuss it. I guess, essentially, we  
8 have been at an upper level of talking about  
9 we're saying you don't see the material, and  
10 we are saying that is because it was not a  
11 chronic and an all-encompassing problem  
12 throughout the facility.

13 When you see it in the small  
14 amounts and the small localized areas, it is  
15 because it really was not the problem that  
16 we're addressing. The main players were the  
17 plutonium, uranium, tritium, and all that. I  
18 don't know if --

19 MEMBER MUNN: No, what I'm saying  
20 is I believe that what you are saying now

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1 addresses many of the concerns that people  
2 have. But what I'm hearing Joe say is, "Show  
3 it to me. Where is it?" You have not said  
4 so.

5 Is that a fair --

6 MR. FITZGERALD: Yes, I think  
7 that's fair. I think the ER, recognize we're  
8 looking at the second part of this SEC.

9 MEMBER MUNN: Yes.

10 MR. FITZGERALD: The first part  
11 was recommended and awarded as an SEC based on  
12 the inability to dose reconstruct based on  
13 mixed-activation, mixed-fission products prior  
14 to the advent of this whole-body counting.

15 Okay. So, the whole-body counter  
16 comes online, and the presumption is that the  
17 data that would be available for dose  
18 reconstruction is going to be there now; it's  
19 going to be available for mixed-activation,  
20 mixed-fission products; you're going to be

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1 able to do it.

2           And we read the ER, and again,  
3 that's all we have to go by. The strategy is  
4 to use substantive nuclides to enable one to  
5 do dose reconstruction, which begs the  
6 question which we're talking about, which is  
7 it doesn't sound like the technology afforded  
8 a better database to work with, which raises  
9 some questions about that break-point in 1970  
10 or '75.

11           And all we're saying is querying  
12 this thing and saying, okay, we can argue  
13 about cesium-137, but let's go back to the  
14 basics, which is, if data is so poor, you  
15 know, it's not available -- and there may be  
16 reasons for that -- we should look at that  
17 first before we look at the strategy of how  
18 you solve that problem and decide if it's  
19 sufficiently inadequate, then perhaps '70/'75  
20 isn't the break-point because the technology

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1 did not result in sufficiently better data.

2 That's kind of where I think we  
3 are in a sense, that we ought to make that  
4 that we understand that fully. That's the  
5 central question. I think there's a premise  
6 in the ER that this technology enables the  
7 data to be generated, solves the problem of  
8 mixed-activation, mixed-fission products.

9 However, the actual results that  
10 we're looking at don't necessarily conform  
11 with that. So, what do we do with that  
12 difference? We're not seeing the results now,  
13 but there's reasons for that perhaps, but we  
14 haven't seen them presented yet.

15 I think what we're hearing is that  
16 there is data. It may not be the bioassay  
17 data, but there is data, perhaps air-sampling  
18 data, that at least for LAMPF might provide a  
19 means to get there, you know, the hierarchy  
20 bioassay air sampling. So, that might give us

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1 a way to get to a characterization of what the  
2 upper-bound exposures may have been at LAMPF.

3 Now I still have a problem because  
4 that is LAMPF.

5 MR. MACIEVIC: There is bioassay  
6 data at LAMPF. I mean that's clear. I know  
7 Liz, she looked into this and came up with a  
8 number of bioassay data, you know,  
9 mercury-203, beryllium-7, osmium-185, that she  
10 identified. And they were workers that were,  
11 indeed, at LAMPF in their job descriptions.

12 So, they were clearly identified  
13 as requiring bioassay. They clearly did the  
14 counts on them, and there are data available.

15 MR. FITZGERALD: You are making my  
16 point, though. I'm saying that there is sort  
17 of a contradictory message in the ER that one  
18 needs to apply this other approach because the  
19 data is not -- the ER says it's lack or  
20 scarce.

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1 I guess my feeling is, what is it?

2 Is there enough data to work with, in which  
3 case how would you work with that data? Or,  
4 if there's not enough data to work with, I  
5 have two issues, one of which is, okay, is  
6 1975 a valid break-point, then, to begin with?

7 And secondarily, is the workaround of what  
8 it's proposing, whether it is a cesium-137  
9 surrogate or something, is that technically-  
10 feasible?

11 MR. MACIEVIC: I think a part of  
12 the problem is that, in doing this, the split  
13 of what we're calling the exotics really goes  
14 more towards the actinides and resultant  
15 material. The mixed-activation products and  
16 things like that, I think we can dig up a lot  
17 of the information from these surveys and all  
18 that. You will get a lot of the picture  
19 painted in that we can work with the survey  
20 data.

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1                   When you get to things like  
2                   curium, neptunium, and stuff like that, you  
3                   are not going to find, you won't find a lot of  
4                   bioassay and you won't find a lot of, well,  
5                   very few internal types of things.

6                   So, I suppose the way we have the  
7                   ER, including the mixed-fission and activation  
8                   products in exotics is not quite the place it  
9                   should have been put. It should be put  
10                  separate from that with its own set of data  
11                  that we can provide. It is doable, as opposed  
12                  to using the substitute data for these other  
13                  radionuclides based on the intakes of the  
14                  primary actinides.

15                  So, I think we need to --

16                  CHAIRMAN GRIFFON: We are talking  
17                  around the subject a lot, I think. I mean in  
18                  our matrix we did separate those two items.  
19                  So, I would like to just stick to the mixed-  
20                  fission product, activation products for now.

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1                   And I think I got a handle on the  
2                   accelerator followup, the action items on  
3                   that. On the reactor side of it --

4                   MR. KATZ:        Before you go on,  
5                   though, can we just state what that action  
6                   item was, because it never really got on the  
7                   record clearly.

8                   (Laughter.)

9                   CHAIRMAN GRIFFON:    I have that  
10                  NIOSH will follow up to determine if  
11                  sufficient in vivo or other data exists, and  
12                  "other" being air sampling, swipe data, or  
13                  that followup from your appendix that was  
14                  described as survey data, to reconstruct  
15                  mixed-activation product exposures. No longer  
16                  proposing use of cesium-137 for these workers.  
17                  That is for the accelerator group, right?

18                  MR. FITZGERALD:    I think the  
19                  comparison and trying to figure out that  
20                  comparison would be valid because you have

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1       enough data.

2                   And what Chris is saying, there  
3       seems to be data, but I guess we have had a  
4       difficult time nailing that down.

5                   CHAIRMAN GRIFFON:   Right.

6                   MR.   FITZGERALD:       And it's a  
7       central question because, again, we're moving  
8       from an SEC that was recommended and awarded  
9       based on inability to do that with mixed-  
10      activation, mixed-fission products.   And now  
11      we're saying you can do it, but we're  
12      struggling to actually pinpoint what data is  
13      available.

14                  So, I think that is where you  
15      start.   You have got to at least figure out  
16      whether the premise of the technology arriving  
17      actually resulted in better data.   If you  
18      can't do that, then I think we are in a bad  
19      place.

20                  Which is, to answer your question,

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1 Wanda, I can't understand how the data is  
2 better if we can't even put our finger on the  
3 data yet.

4 CHAIRMAN GRIFFON: Well, this is  
5 just for LAMPF. I mean I'm talking about --

6 MR. FITZGERALD: Well, we are  
7 talking about LAMPF right now, but --

8 CHAIRMAN GRIFFON: Right, right.

9 MR. FITZGERALD: But that was  
10 part. This is the mixed-activation portion of  
11 this.

12 CHAIRMAN GRIFFON: Right. That's  
13 the one action that Ted asked me about. I  
14 thought I had it clear, was that the followup  
15 for LAMPF, whether there's sufficient -- I  
16 mean the first question I would have is, if  
17 there is in vivo data, can you do individual  
18 dose reconstruction? Do you even need to go  
19 to any kind of other model?

20 And then, if that seems to be

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1 sparse, as is indicated in the ER, then the  
2 second tier maybe should be to look at that  
3 air-sampling and other survey data. And maybe  
4 it turns out, as Jim was discussing, maybe it  
5 turns out that all that data suggests that  
6 none of these people needed to be monitored.  
7 Therefore, you can make that argument.

8 So, there's a number of ways to go  
9 there. Or you can define something about the  
10 source-term and bound exposures that way. But  
11 I think those are the two steps I had in  
12 there, to look and determine if there is  
13 enough in vivo first, and then to look at the  
14 air-sampling and other survey data, and then  
15 report back on how you are going to  
16 reconstruct. That's for LAMPF.

17 Then, for the other group, I'm  
18 still up in the air on what, I'm still a  
19 little confused.

20 DR. NETON: You are talking about

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1 the alpha-emitting exotics?

2 CHAIRMAN GRIFFON: No.

3 DR. NETON: There is a clear  
4 distinction in the Evaluation Report between  
5 those.

6 CHAIRMAN GRIFFON: No, I am  
7 talking about for the other, for the reactor  
8 facilities for mixed-fission products.

9 MR. MACIEVIC: This is just LAMPF.  
10 In the alpha you've got it all.

11 DR. NETON: The alpha is entirely  
12 different --

13 CHAIRMAN GRIFFON: Right, right.

14 MR. KATZ: This is Ted.

15 So, you also talked about random  
16 sampling of the bioassay database, to do that  
17 more formally than the few cases that Greg  
18 discussed. That was another action.

19 CHAIRMAN GRIFFON: That was  
20 another action, right.

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1                   MR. KATZ:     That was a separate  
2     action.  That's what I wanted to get clear as  
3     well.

4                   CHAIRMAN GRIFFON:  And I have that  
5     NIOSH to do analysis linked to checklist  
6     information as in Appendix B -- because that  
7     was just a sample of one year, right, I  
8     think? --

9                   MEMBER MUNN:  Yes.

10                  CHAIRMAN GRIFFON:  To the LANL  
11     dosimetry data to determine to what extent the  
12     data is available.

13                  That might not be worded  
14     perfectly, but linking the LANL dosimetry data  
15     to the checklist, that idea.

16                  MR. FITZGERALD:  The third one, if  
17     I remember what Greg just said earlier, was to  
18     actually look at the maybe dose  
19     reconstructions, was it?  Yes, to see how  
20     exotics are, in fact, addressed in those dose

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1 reconstructions.

2 CHAIRMAN GRIFFON: Well, I was  
3 going to save that for the exotics.

4 MR. FITZGERALD: Oh, okay.

5 CHAIRMAN GRIFFON: Let's write  
6 that down beside, though, yes.

7 MR. FITZGERALD: Okay.

8 MR. MACIEVIC: That was, how are  
9 the exotics addressed in those dose  
10 reconstruction reports.

11 CHAIRMAN GRIFFON: So, I will save  
12 it for item 2, I think it is, in our matrix.  
13 But I still wanted to get through. Hey, we're  
14 moving fast, I thought.

15 Let me go back to I think that is  
16 everything for the LAMPF facility, but, then,  
17 there is the question of the other, right,  
18 Joe, the other --

19 MR. FITZGERALD: The non-reactor  
20 facilities.

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1                   CHAIRMAN GRIFFON:   Yes.

2                   MR. FITZGERALD:   I didn't hear any  
3                   disagreement that --

4                   CHAIRMAN GRIFFON:   For the reactor  
5                   facilities, for the reactors, right?

6                   MR. FITZGERALD:   Well, no, it is  
7                   the OTIB would apply to cesium in terms of  
8                   ratios for the reactors.  So, I think there is  
9                   a reasonable basis for doing that.

10                  CHAIRMAN GRIFFON:   Okay.

11                  MR. FITZGERALD:   It's a reactor-  
12                  based reactor.  But I think there are some  
13                  unknowns, obviously, when you start applying  
14                  those same ratios to non-reactor facilities.

15                  CHAIRMAN GRIFFON:   Now I've got  
16                  you.

17                  MR.       FITZGERALD:        Different  
18                  information completely, probably a different  
19                  ratio completely, and exactly what the  
20                  strategy would be for those facilities.

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1                   Again, CMR is the one that comes  
2                   to my mind, but there may be some other  
3                   facilities at Los Alamos that would have  
4                   handled mixed-fission products.

5                   CHAIRMAN GRIFFON: And then, I had  
6                   for an action item, NIOSH for further  
7                   description of the approach for reconstructing  
8                   mixed-fission product doses from non-reactor-  
9                   type -- maybe it should be mixed-fission  
10                  products of any type, activation products; it  
11                  could be either, right? From non-reactor-type  
12                  facilities. I was going to put  
13                  parenthetically non-accelerators here, right,  
14                  because we're addressing the LAMPF in the --  
15                  I'm trying to keep this straight. Non-  
16                  reactor, non-accelerator-type facilities.

17                  I mean, do we have examples of  
18                  these, just for my sake?

19                  MR. FITZGERALD: Beyond CMR.

20                  CHAIRMAN GRIFFON: Okay, CMR.

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1                   MR. FITZGERALD: I mean that's the  
2                   central chemical processing.

3                   CHAIRMAN GRIFFON: Right. Okay.

4                   MEMBER MUNN: Yes, that is the  
5                   laboratory.

6                   MR. FITZGERALD: Yes, that is the  
7                   lab, but, again, we certainly could finger  
8                   some other facilities. I just think that is  
9                   what you want to do, is just see where the  
10                  streams would go from the reactor and just  
11                  establish where they are.

12                  CMR is a pretty big operation. I  
13                  mean that one alone would be a fairly  
14                  substantial addition.

15                  MR. KATZ: Kathy, go ahead.

16                  MS. ROBERTSON-DEMERS: The one  
17                  example that comes to my mind is when they  
18                  processed the cores from the Nevada Test Site.  
19                  I'm not quite sure which facility that was.

20                  MR. MACIEVIC: Probably the lab,

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1 right?

2 CHAIRMAN GRIFFON: Okay, thanks,  
3 Kathy.

4 So, for the description for  
5 reconstructing those doses from the non-  
6 reactor test facilities, and the justification  
7 for the ratios selected is the last part I  
8 have. Is that clear enough?

9 MR. FITZGERALD: Now, just sort of  
10 a postscript, we had pointed to this 2002  
11 memo, not so much to make it a central feature  
12 of the discussion. As we just discussed, it  
13 is a central feature. However, just to bring  
14 up some questions raised as late as the early  
15 2000s --

16 CHAIRMAN GRIFFON: The audit memo  
17 that --

18 MR. FITZGERALD: Yes. Again, it  
19 sort of raised some questions as to what  
20 extent the in vivo program was linked to

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1 operation in the sense that they were, in  
2 fact, looking for and were equipped to  
3 identify mixed-activation products.

4 And we honed-in on this particular  
5 audit just because it sort of identified the  
6 fact that there wasn't this connection for a  
7 while with LAMPF, and that, in fact, their  
8 library did not include the LAMPF mixed-  
9 fission products, nor thorium-232.

10 Now the implications of their  
11 library being apparently incomplete weren't  
12 clear to me. So, I just wanted to highlight  
13 for your followup as far as implications.

14 I think what you said in your  
15 response was, well, as far as the order of  
16 importance, it was listed as an observation  
17 and not a finding. That may have been, but I  
18 think the actual issue identified -- which let  
19 me see if I can go back and read this.

20 Yes, "Discussions with the in vivo

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1        personnel -- this is page 2 of your response  
2        -- "Discussions with the in vivo personnel  
3        indicate they have not received the library of  
4        radionuclides of concern from LAMPF", which  
5        was the assessor organization, the LAMPF.  
6        "Without this information, the in vivo  
7        laboratory cannot identify monitoring  
8        strategies or ensure adequate energy  
9        calibrations."

10                    That's unsettling. Now it may  
11        have been categorized as an observation, but  
12        looking at it from outside, I would say, boy,  
13        as an observation, that is a pretty heavy  
14        observation.

15                    In terms of implications, I think  
16        it would be useful to understand what the  
17        implications of not having that information.  
18        We interviewed the in vivo counter people, the  
19        dosimetry staff. And there's this question  
20        of, were they looking for exotics or mixed-

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1 activation, mixed-fission products? And they  
2 weren't targeting the secondary. They were  
3 targeting the primaries.

4 But the notion was that they  
5 probably would have seen a spike if it were an  
6 unusual spike. That is pretty much the  
7 general reaction.

8 But this sort of suggests that it  
9 would have been less likely. Maybe I am  
10 misinterpreting this, but just this memo  
11 suggested that it would have been less likely  
12 they would have, just because they didn't  
13 apparently have this in their library.

14 So, I introduce that just to raise  
15 some questions about to what extent the in  
16 vivo program was, in fact, tied into, linked  
17 into, and was, in fact, looking for these  
18 possible spikes that may have occurred.  
19 Because that was one premise that we went into  
20 this thing saying. You have the technology,

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1 you have the capability, but are you, in fact,  
2 even mindful and looking for anything other  
3 than the primary nuclides? And the answer  
4 was, well, we're not looking for them, but we  
5 will see them if they arise.

6 I am not actually sure, by virtue  
7 of some of this stuff, whether it would have  
8 been as apparent.

9 MR. MILES: That is probably an  
10 accurate thing to say about the cesium  
11 because, typically, I mean having done a lot  
12 of gamma spec myself, if you don't have them  
13 in your library, they show up on your report  
14 as an unidentified peak.

15 So, I mean, at least the process  
16 that I would use, if you find unidentified  
17 peaks, you have got to list it and you go and  
18 identify them. You don't just leave them  
19 unidentified if they are showing up in your  
20 spectrum and go on and ignore them. I don't

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1 think that's a fair assumption to make.

2 MR. MACIEVIC: Exactly. This is  
3 Greg.

4 At Mound, is a gamma spec  
5 operation that I was involved in for a couple  
6 of years in doing soil samples, you have your  
7 library of the main players that you believe  
8 are going to be in the soil, but you don't  
9 develop your library to say I'm going to have  
10 every possible nuclide that's in there.

11 Like Chris said, when you do come  
12 up with an unidentified peak, you will then go  
13 to the documentation and look and see at what  
14 particular energies, and you set your energy  
15 scale so that you are covering a large energy  
16 region. So, if you get unidentified peaks,  
17 you can find out what it is you are looking  
18 at.

19 So, I think that is why it became  
20 an observation as opposed to a finding in

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1 here, because they said, yes, you can do it  
2 that way. It would be nice if you guys would  
3 have sent over something to let them know to  
4 put it into their primary search to say we're  
5 looking for this, but you didn't, but it is  
6 not something that is going to suddenly leave  
7 you blind. I mean you are going to see  
8 something there.

9 That is why it shows more of a  
10 procedural thing rather than a problem with  
11 the system that you would start looking in  
12 terms of an SEC and say they have missed  
13 things based on that.

14 Go ahead, whoever.

15 MR. KATZ: Kathy, go ahead.

16 MS. BRACKETT: This is Liz  
17 Brackett, actually.

18 MR. KATZ: Oh, Liz, sorry.

19 MS. BRACKETT: I have got the  
20 database open in front of me, the whole-body

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1 count results. I am not certain why they  
2 would make this statement. Perhaps the people  
3 at the in vivo counter themselves determined  
4 what they needed to look for.

5 But there are thousands of results  
6 listed for LAMPF people, and included in the  
7 lists of reported results are carbon-11,  
8 nitrogen-13, mercury-195m, mercury-197, -203,  
9 osmium-185. All of these things I think are  
10 specific to the LAMPF facility.

11 So, regardless of whether they  
12 were officially notified as to what would  
13 possibly be there, these are the things that,  
14 when you look at the monitoring in the area,  
15 these are the things that are the primary  
16 contributors to contamination at the LAMPF  
17 facility. So, they were reporting back as far  
18 as 1979. These nuclides are in the vivo  
19 library.

20 CHAIRMAN GRIFFON: Is that

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1 database on the O: drive, Liz?

2 MS. BRACKETT: It is in the  
3 coworker folder.

4 CHAIRMAN GRIFFON: We don't have  
5 access to that, I'm pretty sure.

6 MS. BRACKETT: Okay. There's  
7 different versions of it. This, actually,  
8 that I am looking at, I misspoke because I had  
9 actually extracted this. I pulled out, I did  
10 a query on anybody with LAMPF in their work  
11 area description. So, this is specific to  
12 LAMPF.

13 MR. FITZGERALD: Liz, this is Joe.

14 So, really, you are saying that  
15 the results that you are seeing sort of, in a  
16 sense, contradict this finding that they could  
17 not identify the monitoring approach or I'm  
18 sure adequate energy.

19 I am just trying to understand  
20 this, because it is kind of a very terse

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1 finding. I think we are surmising that it  
2 doesn't seem to have influenced what they are  
3 seeing as results. But, certainly, I probably  
4 would want to talk to the health physics staff  
5 that was evaluating the program to understand  
6 the implications and importance of that  
7 particular finding.

8 It sounds like it didn't have any  
9 impact on what you're seeing.

10 MS. BRACKETT: Right. Like I  
11 said, my guess is maybe -- it is worded such  
12 that what they are saying is that they hadn't  
13 been told what they were, but it sounds like,  
14 even though they hadn't been given official  
15 notice of what the nuclides were, that they  
16 must have determined them themselves what it  
17 was that they should be looking for.

18 MEMBER MUNN: This continues to  
19 sound like a communications breakdown rather  
20 than a technical problem to me.

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1                   MR. FITZGERALD:   Yes, and I think  
2                   that may be the case.   But, again, I think it  
3                   is something that we wanted to understand  
4                   better because it certainly raises some  
5                   questions as late as 2002.

6                   It sounds like they had had years  
7                   of experience with LAMPF and pretty much know  
8                   what the short-lived nuclide source-terms  
9                   were, and what hadn't happened is probably  
10                  update.  Now that may have implications if you  
11                  are doing a new experiment, but I suppose it  
12                  is more than likely you are still going to be  
13                  dealing with a short-lived gaseous, you know,  
14                  offgassing from the experiments more than  
15                  anything else.

16                  MS. ROBERTSON-DEMERS:       This is  
17                  Kathy Robertson-DeMers.

18                  I just want to put my two cents in  
19                  on the unidentified peak issue.  I have also  
20                  done gamma spectroscopy as well at Mound and

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1 Hanford. Really, unless you have a step in  
2 your procedure that says you are going to go  
3 and you are going to identify those  
4 unidentified peaks, it does not necessarily  
5 mean that a health physicist will go back and  
6 do it.

7 And I also had a question for Liz  
8 and the rest of the team. That was, how  
9 frequently were these in vivo counts  
10 occurring? Because they are fairly short-  
11 lived products, and if they are spaced far  
12 apart, you may miss some.

13 MS. BRACKETT: Right. I haven't  
14 looked at that level of detail. The dates  
15 here are pretty continuous, but I am looking  
16 at the whole listing. So, I haven't looked at  
17 individual people to see how frequently they  
18 are monitored.

19 MS. ROBERTSON-DEMERS: Okay.

20 CHAIRMAN GRIFFON: Well, as far as

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1 an action item, Joe, do you think if we got  
2 the database posted to the O: drive, could  
3 SC&A follow up with a memo versus what Liz is  
4 reporting out of this database, and whether  
5 there's any further thread to pull here?

6 MR. FITZGERALD: The coworker  
7 database?

8 CHAIRMAN GRIFFON: I mean I am  
9 just not clear what --

10 MR. FITZGERALD: This is the  
11 bioassay database.

12 CHAIRMAN GRIFFON: The bioassay  
13 database, yes.

14 MS. BRACKETT: I think this is a  
15 specific in vivo database. I think there's  
16 multiple. So, I think in vivo would put --

17 MR. FITZGERALD: I am just a  
18 little confused. I am not sure which one she  
19 is referring to.

20 CHAIRMAN GRIFFON: Is it the LANL

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1 in vivo database? Is that what this is?

2 MS. BRACKETT: Yes.

3 CHAIRMAN GRIFFON: Okay.

4 MS. BRACKETT: Yes.

5 CHAIRMAN GRIFFON: This is not  
6 just from claimants? This is the entire --

7 MS. BRACKETT: Right, this is the  
8 entire database.

9 MR. FITZGERALD: This is the one  
10 that was developed in conjunction with Los  
11 Alamos. I guess my question is, that is going  
12 to be relied on, I think, in terms of LAMPF to  
13 do the comparison we're talking about?

14 CHAIRMAN GRIFFON: Yes.

15 MR. FITZGERALD: And we would do  
16 specifically what, in addition to --

17 CHAIRMAN GRIFFON: Well, I am  
18 guessing if there is any followup from this  
19 memo or this audit report at this point.

20 MR. FITZGERALD: Oh, the audit

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1 report?

2 CHAIRMAN GRIFFON: Yes.

3 MR. FITZGERALD: I think there's  
4 as much argument that it might have been one  
5 of these procedural things. I think the  
6 followup that we can offer perhaps, either we  
7 or NIOSH could just simply walk that back to  
8 the health physics staff that did the review  
9 and see if there is any way to shed some light  
10 on the implications.

11 It may very well be that the in  
12 vivo staff just kept doing what they have  
13 always done, and that would be adequate or  
14 not. I think this just draws up a question of  
15 it wasn't updated necessarily to the library  
16 of nuclides that maybe were in the late  
17 nineties/early 2000s, which may turn out to  
18 the be same. There may not have been any  
19 difference.

20 But it does beg the question that

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1 if there was a difference, it may not have  
2 been picked up by the in vivo folks. If the  
3 brand-new experiment was perhaps a new source-  
4 term, that may not have been added to the  
5 library, just because there wasn't that  
6 communication.

7 And I agree it may have been very  
8 well a communications issue, but it might have  
9 implications for what they were looking for.

10 CHAIRMAN GRIFFON: Right.

11 MR. FITZGERALD: So, I guess  
12 certainly as an action, we can sleuth that  
13 down and try to --

14 CHAIRMAN GRIFFON: Who did this  
15 audit? I'm trying to remember.

16 MR. FITZGERALD: It was done by  
17 the area office, DOE area office.

18 CHAIRMAN GRIFFON: DOE area?

19 MR. FITZGERALD: Yes.

20 CHAIRMAN GRIFFON: Is that

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1 something you can find --

2 MR. FITZGERALD: I mean we can  
3 try.

4 CHAIRMAN GRIFFON: Right.

5 MR. KATZ: Let me just ask, Mark,  
6 does it make more sense for Liz or DCAS to  
7 sort of flesh out this sort of quick-and-dirty  
8 look that she has taken at the data itself? I  
9 mean because it is sort of a moot question.

10 MR. FITZGERALD: It may or may not  
11 be.

12 MR. KATZ: It may or may not be.  
13 Maybe not. But it seems like you want to know  
14 what you have there in terms of data.

15 CHAIRMAN GRIFFON: Yes, I think  
16 the database is important, but I think we  
17 already captured that.

18 MR. FITZGERALD: This is the most  
19 important thing. The only question, and I  
20 think Wanda characterized it correctly; it is

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1 a communications issue. And the  
2 communications is, what are we doing now at  
3 LAMPF and does that necessarily add to the  
4 universe of things that you should look for in  
5 terms of your bioassay for LAMPF?

6 And experiments change; things  
7 change. That is why you maintain your  
8 library.

9 My guess is the library probably  
10 didn't shift that much, but that's a guess. I  
11 mean I think we are surmising there were no  
12 real-world implications. But if they ran  
13 something a lot different in the late  
14 nineties/early 2000s, that would have been  
15 missed because they didn't update --

16 CHAIRMAN GRIFFON: And the other  
17 question, procedurally, if they had seen a  
18 peak, unknown peak, like you said, would they  
19 have just procedurally let it go or would they  
20 have followed up on that? I think we have

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1 heard both sides of that. So, yes.

2 MR. MACIEVIC: The one concern I  
3 have on this discussion, it is almost like we  
4 are now going back in time and going to have  
5 to recreate the entire health physics program  
6 at LANL, which is going to be a major task and  
7 probably not be able to do all of that.

8 When you are talking in terms of  
9 bounding doses, we are talking short-lived  
10 radionuclides that have very small  
11 contribution to dose. Can we say, well, if  
12 they didn't do it, that would drive an SEC and  
13 say, "Oh, you can't compute dose anymore,"  
14 that we are so far off, their library was so  
15 screwed up, that they are missing all these  
16 radionuclides?

17 I mean, to come up with a model  
18 that we are using from the air filters to look  
19 at the dose type of thing is one thing, but  
20 how you would link missing certain peaks from

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1 LAMPF and say, "Well, you didn't hit -- you  
2 got peak 13 and 14, but you missed 16;  
3 therefore this should be an SEC," I find that  
4 would be difficult to do and to link that to  
5 that.

6 Because there is going to be  
7 uncertainty in this whole program. I mean no  
8 one is claiming that LANL is an ideal --

9 CHAIRMAN GRIFFON: So, I think we  
10 will take a break.

11 Greg, you raise, it's a valid  
12 point. I do think it involves at least a  
13 little followup just because it was a finding  
14 in an audit report.

15 MR. FITZGERALD: And I don't  
16 disagree.

17 CHAIRMAN GRIFFON: We should keep  
18 in mind the dose construct, I agree with you.

19 MR. FITZGERALD: The reason I  
20 mentioned it, to make sure it was put in

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1 context, I noticed there was a lot of focus on  
2 it in your response. I just threw that out,  
3 not so much as the central brick in the  
4 discussion, but --

5 CHAIRMAN GRIFFON: Sure, sure.

6 MR. FITZGERALD: Sort of a  
7 question about how things were done.

8 CHAIRMAN GRIFFON: This a good  
9 point to take a break, because our court  
10 reporter is going to set up in the room now.  
11 And we're at the end of item 1, as it turns  
12 out.

13 When we come back, I will recap  
14 sort of item 1 on the actions, and then we can  
15 move on.

16 MR. KATZ: Okay.

17 CHAIRMAN GRIFFON: All right? All  
18 right. Take 15 minutes then.

19 (Whereupon, the above-entitled  
20 matter went off the record at 10:24 a.m. and

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1 resumed at 10:40 a.m.)

2 MR. KATZ: All right, we are going  
3 to get started again.

4 Let me just check, Charles, we  
5 have Symon and he is all ready to go. So,  
6 Charles, I think you are free. Are you on the  
7 line with us still?

8 (No response.)

9 Maybe he left anyway. Charles?

10 MEMBER MUNN: He may have already  
11 gotten the word.

12 MR. KATZ: Okay. Well, maybe  
13 Charles left on his own.

14 The other thing just to note --  
15 well, let me just check first to see, do we  
16 have Bob Presley? Are you back on the line?

17 MEMBER PRESLEY: Yes, I'm here.

18 MR. KATZ: Okay, great.

19 And then, let me ask everyone who  
20 is on the line, please mute your phones. We

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1 can hear some background sound from some  
2 people's phones. If you don't have a mute  
3 button, use \*6. That will mute your phone.  
4 Use \*6 again to unmute your phone when you  
5 want to speak to the group.

6 And we will pick up where we left  
7 off. Mark?

8 CHAIRMAN GRIFFON: Okay. Yes, I  
9 think we got through No. 1 in the matrix. I  
10 do want to summarize the action items.

11 And from the previous matrix, I  
12 labeled the actions from 4/29 A through F. I  
13 believe I will just go through these. Some of  
14 these we addressed in this discussion. Some  
15 of these I still wasn't sure on, whether they  
16 are carryovers or whether they disappear,  
17 given our new approach.

18 So, A, I had NIOSH will follow up  
19 to determine if sufficient in vivo or other  
20 data exists, air sampling, swipe data,

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1 bioassay, et cetera, to reconstruct mixed-  
2 activation product exposures. I should say  
3 for the LAMPF facility this is. No longer  
4 proposing use of cesium-137 for these workers.

5 For the second bullet item -- I  
6 know I didn't have them A through F before.  
7 For B, I have NIOSH will provide further  
8 description of the approach for reconstructing  
9 mixed-fission product, mixed-activation  
10 product doses from non-reactor-type  
11 facilities, non-accelerator also, and the  
12 justification for the ratios selected.

13 And the justification is getting  
14 back to that benchmarking question. What did  
15 you base this on? Do you have field data that  
16 can support the use of these ratios?

17 That was in our original action,  
18 if you recall, if you look back at the first  
19 bullet from 4/29.

20 C and D, I left these the same. I

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1 am going to need help from the group if these  
2 go away or if these are still actions.

3 NIOSH to provide further  
4 information to support the claim that,  
5 starting in the 70s, the requirements and  
6 procedures along with the available  
7 technology, in vivo counting, vastly improved,  
8 making it possible to use the in vivo data for  
9 the coworker model.

10 This sort of goes along with that  
11 memo question, but not exactly, Joe. I don't  
12 know.

13 MEMBER MUNN: It does seem to. Is  
14 it repetitive?

15 CHAIRMAN GRIFFON: Yes, I think I  
16 am comfortable with I left a followup for SC&A  
17 on the audit memo to go back and see, if  
18 possible, find the investigators from this  
19 report and see exactly what they meant by this  
20 observation and the significance of it. I

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1 mean I think that is important. So, I think  
2 we can say that C goes away or is rolled into  
3 item F.

4 MEMBER MUNN: Yes.

5 CHAIRMAN GRIFFON: That's okay  
6 with me.

7 Just bear with me for a second  
8 because I am editing live.

9 Okay. Then, D, NIOSH to provide a  
10 better description of the episodic nature of  
11 the exposures to MAP/MFP and exotic  
12 radionuclides. I think more falls into the  
13 exotic item now, but you can tell me.

14 I am not sure if it was episodic  
15 nature or if it was sort of this whole notion  
16 that we've talked about in other meetings of  
17 campaigns, like some of these special  
18 radionuclides end up being campaigns where you  
19 only do it for a short period of time in one  
20 facility, and it is not used very --

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1                   MR. FITZGERALD:       I think it  
2 applies more for the exotics.

3                   CHAIRMAN GRIFFON:   Exotics?   Yes.  
4       I am going to move that to the exotic.

5                   MEMBER MUNN:       That is almost  
6 verbatim an action item that is already on  
7 there.

8                   CHAIRMAN GRIFFON:   I think I did  
9 copy it because it had exotics in two. So, I  
10 will leave that one just in the exotics, and  
11 no further action here.

12                   Okay. Then, E, and this one we  
13 already discussed. NIOSH to do analysis  
14 linking the checklist information, as in  
15 Appendix B, your example in Appendix B, to the  
16 LANL dosimetry data, and I guess in vivo  
17 dosimetry, do I need to say? To determine to  
18 what extent the data is available. So, we are  
19 just asking for you to do that linkage  
20 analysis of it.

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1 I think we are leaving it up to  
2 NIOSH to determine how to present, the format  
3 to present that in. Obviously, we are not  
4 looking for you to do every sample every year,  
5 but look at that and see.

6 Then, the last one, F, is the  
7 audit memo. NIOSH will provide a listing of  
8 the radionuclides monitored at LAMPF -- I  
9 think I should say at LAMPF/LANSCE, right?

10 MR. MACIEVIC: Yes.

11 CHAIRMAN GRIFFON: Yes, based on  
12 database results. And this is what Liz was  
13 mentioning.

14 So, I just wanted to get a sense.

15 She gave a listing --

16 MR. MILES: She mentioned she had  
17 like a thousand results that basically  
18 identified the nuclides that are in that  
19 result.

20 CHAIRMAN GRIFFON: The nuclides

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1 and how many samples of each, yes, yes. That  
2 would be great, just a listing of that.

3 And then, SC&A will follow up on  
4 the meaning of the audit memo, and I said, "to  
5 the extent possible". I don't want this to be  
6 an endless chase. But if you can find the  
7 authors --

8 MR. FITZGERALD: If they're  
9 willing to talk and I can find them.

10 (Laughter.)

11 CHAIRMAN GRIFFON: Right, right.  
12 Exactly. Exactly.

13 MEMBER BEACH: Mark, this is  
14 Josie.

15 Does that include the list that  
16 NIOSH says that they would provide, the  
17 checklist data, so that SC&A can go back into  
18 the database and look at them, the SRDB  
19 numbers that you talked about early on?

20 CHAIRMAN GRIFFON: That really is

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1 another action, Josie.

2 MEMBER BEACH: Yes.

3 CHAIRMAN GRIFFON: Yes. Which is  
4 sort of an administrative action, but it was  
5 an action item.

6 So, it was NIOSH will provide --  
7 and what were you going to provide, the  
8 research database numbers for what documents?

9 MR. MACIEVIC: The checklist, I  
10 think, the checklist that we have. Yes, and  
11 also --

12 CHAIRMAN GRIFFON: And the LANL  
13 documents, right?

14 MR. MACIEVIC: For the documents  
15 we used for LANL, or for LAHDRA and also the  
16 documents we used in the checklist, not the  
17 checklist, but the health physics quarterly  
18 reports.

19 CHAIRMAN GRIFFON: Wait.  
20 Checklist, HP quarterly --

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1                   MR. MACIEVIC:       Well, yes, the  
2                   checklist and the quarterly reports. I can  
3                   give a listing of all the stuff in Appendix A  
4                   and B, what documents those are based on.

5                   CHAIRMAN GRIFFON:   Okay.

6                   MR.       MACIEVIC:       Because you  
7                   actually have document numbers in there, but I  
8                   can go get that all related to the SRDB or to  
9                   LAHDRA and say it is either a LAHDRA document  
10                  or an SRDB document, and then have the  
11                  numbers.

12                  CHAIRMAN GRIFFON:   So, they're not  
13                  all in the SRDB? They're not all --

14                  MR.       MACIEVIC:       Well, there's an  
15                  overlap. I mean we have searched. We used  
16                  all the SRDB, and we also went to LAHDRA to  
17                  pull up extra documentation that might be  
18                  there.

19                  Because in going through, doing  
20                  the ER, we used both of those databases to

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1 pull as much as we can. So, you've got  
2 documents from both places.

3 CHAIRMAN GRIFFON: Okay.

4 MEMBER BEACH: Then, the other  
5 question I have is the six individuals that  
6 you pulled, is there any interest in SC&A  
7 looking at those or is there any value to it?

8 MR. MACIEVIC: Yes, I mean --

9 CHAIRMAN GRIFFON: I think the  
10 better approach is going to be the database  
11 comparison.

12 MEMBER BEACH: The database?  
13 Okay.

14 MR. KATZ: They're going to do a  
15 sampling.

16 MR. FITZGERALD: Just a preview or  
17 a smaller sample.

18 MEMBER BEACH: Okay.

19 MR. FITZGERALD: You're going to  
20 do a bit more comprehensive comparison --

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1                   MR. MACIEVIC:    By looking at the  
2                   actual bioassay database, and then taking  
3                   people -- okay, yes, I have actually a better  
4                   way of saying that.    You're taking the  
5                   bioassay database and comparing it to the  
6                   checklist --

7                   CHAIRMAN GRIFFON:  Right.

8                   MR. MACIEVIC:    People on there for  
9                   the non-claimants, essentially, and see --

10                  CHAIRMAN GRIFFON:  Right.

11                  MR. MACIEVIC:    How was that laid  
12                  out?

13                  MEMBER BEACH:     The only other  
14                  question I have, this list, your Appendix A  
15                  was A and B.  Do you have the full scale from  
16                  A to Z in that?

17                  MR. MACIEVIC:    Oh, yes.

18                  MEMBER BEACH:     So, that's all  
19                  there?  Okay.

20                  MR. MACIEVIC:    Oh, yes.  One of

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1 the things I've got to say is that all of that  
2 has not been -- I've got a person still  
3 working, transferring all of this data to a  
4 database in Excel to get all the checklists  
5 in.

6 Because in this document from  
7 LAHDRA and also the SRDB, we've got where the  
8 documents all are. But, then, I've got the  
9 person going into each one, each individual  
10 document -

11 CHAIRMAN GRIFFON: And coding all  
12 that?

13 MR. MACIEVIC: And coding all the  
14 data that is in these documents, so that now  
15 you can see the people, the times, what kind  
16 of sample, and all of that.

17 MEMBER BEACH: And once that's  
18 done, you will make that information available  
19 to us?

20 MR. MACIEVIC: Well, that will

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1 probably be Christmas of 2074.

2 MEMBER BEACH: Okay.

3 (Laughter.)

4 MR. MACIEVIC: So, what we're  
5 going to do is we will expand greatly on  
6 what's in here and, hopefully, get through  
7 maybe half the alphabet, go through A to L --

8 MEMBER BEACH: Okay.

9 MR. MACIEVIC: And then have  
10 enough in there to pull over several of the --  
11 or the years that we have, because our  
12 database, our data search was primarily  
13 concerned in the early 70s, mid-70s and early  
14 80s, because we didn't pick up every checklist  
15 for all the years. So, you are not going to  
16 see a complete set of checklists from '76 all  
17 the way out. We would have to go back to the  
18 site and actually collect those or to get that  
19 out of the system.

20 Because our main concern was to

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1 have transition, a transition period from `75  
2 to `76 and the early 70s. So, what these are  
3 going to cover is the early 70s.

4 But that's what we will get. We  
5 will get you as it is, and probably, I don't  
6 know, we could even send an email out at some  
7 point to say, "This is the extent covering.  
8 Does everybody agree this is a good size or  
9 would you like to see" -- you know, just  
10 without all the detail.

11 CHAIRMAN GRIFFON: Right. That's  
12 fine. Okay.

13 So, that brings us to No. 2. This  
14 is the exotics. I know they are overlapped in  
15 the ER, but I think it is cleaner to discuss  
16 them separately here.

17 So, I will just let whoever wants  
18 to kick it off, either Joe or Greg. You know,  
19 there are some actions that were listed here,  
20 but it is mainly back to the justification for

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1 your approach.

2 MR. FITZGERALD: Well, the NIOSH  
3 response sort of alludes to the search for  
4 bioassay results. It is much of what we have  
5 just talked about. So, I don't know if you  
6 have anything to add to that.

7 MR. MACIEVIC: Well, I would like  
8 to add on benchmarking. So far, we have come  
9 up with there aren't a lot. There were some  
10 later years.

11 One of the ones was a  
12 contamination incident which was not usable in  
13 the sense that it turned out there was a  
14 problem with the dosimeter, and the person had  
15 a contamination incident with the dosimeter  
16 and they didn't do the full analysis to get a  
17 dose reconstruction because it turned there  
18 was some other problem. So, we couldn't use  
19 that.

20 We also had one that involved

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1 thorium-232 and curium-244 that's in the LANL  
2 database for the exotics, but why it's not in  
3 here -- we did do a benchmark comparison, but  
4 we didn't include it because they did the  
5 analysis at LANL, but the actual exposure  
6 -- where was that? -- somewhere in Russia.

7           So, it was a person working from  
8 LANL out in Russia who got exposed to these  
9 materials. They came back and did their own  
10 dose reconstruction or lung count of this  
11 person. But since he wasn't really at LANL, I  
12 mean you could say, well, the systems were not  
13 the same; this was a different scenario for  
14 the exposures.

15           But, as far as proof of the  
16 method, it worked out well in that you had,  
17 using our substitution method of using curium  
18 and the thorium substituted into the intakes  
19 for the primary radionuclides that we had, you  
20 come up with a conservative number. I think

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1 it was probably a factor or two or three  
2 higher than what they came up, based on the  
3 actual lung count model for an internal dose.

4 And you are also talking about an  
5 acute exposure versus this chronic exposure.  
6 But the chronic exposure is more conservative  
7 than that acute exposure was.

8 So, it did put numbers that were  
9 reasonable with that exposure, and it did,  
10 basically, well, in my mind it justifies that,  
11 for that particular one, the method works. It  
12 didn't give outlandish numbers, and it was for  
13 a particular organ dose for the lung for the  
14 exposure that it was considered.

15 And if anybody wants to see that,  
16 they can be shown. But, again, we didn't  
17 include it because it was an exposure offsite,  
18 not at LANL itself.

19 MR. MILES: Yes, but the approach  
20 was bounding for those, but I am not sure how

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1 valid really to compare an activity outside or  
2 something. But we've gotten more. We chose a  
3 few examples that LANL had provided us that  
4 are actually listed in the ER. Since then, we  
5 have gone and tried to identify more in the  
6 database. We've got a list to go through, and  
7 we can probably find other examples there.

8 MR. MACIEVIC: Right. And that is  
9 part of what we were looking for, yes, in that  
10 DR list where you pulled up the --

11 CHAIRMAN GRIFFON: So, you are  
12 going to look at a listing of these,  
13 quote/unquote, "exotic exposures"?

14 MR. MACIEVIC: Right.

15 CHAIRMAN GRIFFON: And look at  
16 your use of primary nuclide and see if it's --

17 MR. MACIEVIC: Right, and when we  
18 talked about the DR list, looking at all the  
19 DRs and querying on exotics, the exotic  
20 radionuclides, that list that I had mentioned,

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1 that is the one you have to go back to the  
2 actual DR now and take a look at the --

3 CHAIRMAN GRIFFON: Once you have  
4 this, I mean assuming that you look at this  
5 and it seems reasonable to use the primary  
6 radionuclides to substitute for these  
7 exposures, how do you determine who gets this  
8 assigned to them?

9 I think Jim -- we were talking  
10 about this on the break, actually. How do you  
11 assume which workers might have been exposed  
12 to these exotics?

13 MR. MACIEVIC: What we have been  
14 doing -- and I will ask Don Stewart to chime  
15 in after I am done -- what we have been doing  
16 is doing it on a case-by-case basis to look at  
17 the actual situation and if it is applicable.

18 Because we are not viewing it as a  
19 chronic problem, but a problem for the entire  
20 site, and that anybody in particular areas,

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1 you are going to end up with everybody getting  
2 exotic dose if you don't try to specifically  
3 look at what kind of activity is doing and  
4 whether it is justified, either through some  
5 kind of incident or specifically in an area  
6 that is having these radionuclides.

7           Because it goes counter to what we  
8 are saying, in that the reason you don't see  
9 much of these exotics is because they are just  
10 not present. If we start giving everybody the  
11 dose from exotics, you have just countered  
12 yourself and said, well, you're giving them  
13 all this dose, but they really don't need it.  
14 So, that is a question that we are looking at,  
15 but it is on a case-by-case basis.

16           Is that pretty much it, Don, or --

17           MR. STEWART:       Yes.       Yes, we  
18 wouldn't make a presumptive exposure to these  
19 very exotic materials.    You know, if the  
20 prevalence at the site was low, in fact,

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1 existence, period, is low.

2 So, I think we had some things we  
3 were talking about, job classifications, you  
4 know, actinide chemists and things like that.

5 But, for most people, the overwhelming  
6 population of cement workers and ditch diggers  
7 at LANL, really not a lot of them are  
8 presumptive exposures to the exotics.

9 MEMBER MUNN: And if they were, it  
10 would be clearly episodic? It would be likely  
11 to be known as episodic, would it not be?

12 MR. MACIEVIC: Right. Right, it  
13 would have to be some --

14 MEMBER MUNN: I would think so.

15 MR. MACIEVIC: Right.

16 MEMBER MUNN: Certainly, you  
17 wouldn't expect chronic exposure to --

18 MR. MACIEVIC: Exactly. The  
19 quantities and where the materials are, it  
20 wouldn't lead itself to be something you could

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1 stumble into --

2 MEMBER MUNN: No.

3 MR. MACIEVIC: In any particular  
4 part of the plant. Or, even if you were in an  
5 area where the material was, it would not have  
6 been airborne. Because the areas where they  
7 do work with the actinides, they have their  
8 own air-sampling program beyond the health  
9 physics to determine if there was any kind of  
10 releases in the room.

11 So, if there wasn't an episodic or  
12 an incident type of activity, you wouldn't  
13 want to say, well, let's just give it to them  
14 because they were in a particular building.

15 MEMBER MUNN: The question of  
16 whether or not the exposure would be adequate  
17 to be called significant would be called into  
18 issue in cases where people were simply  
19 passing through or minimally exposed.

20 MR. FITZGERALD: That is precisely

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1 the sort of the dilemma we were talking  
2 earlier, which is if you don't have any  
3 measurement data, how are you going to tag  
4 which workers? I mean I guess, if you have  
5 air sampling or something, that would give you  
6 some indication of whether you have any  
7 exposure pathway, and if you do, some means to  
8 characterize that.

9           Otherwise, it just seems like you  
10 are in the dilemma you are talking about,  
11 which is, who's in that room and is it  
12 reasonable to assign some kind of dose? And  
13 what would that dose be?

14           It sounded like before the  
15 approach was to, again, benchmark against the  
16 primaries and use those intake values. That  
17 would be seen as bounding for those nuclides.

18           Then, the question would be, well,  
19 who would get that dose? Now you are going to  
20 identify categories of worker. I would assume

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1 you are going to include your maintenance  
2 staff and people that would maybe come in and  
3 out. But it does sort of raise the question  
4 of what that cohort would be.

5 MR. MACIEVIC: Well, the thing is,  
6 when you do that, the problem that comes up  
7 is, if you've got a person who is coming in,  
8 say custodial services, cleaning a room with  
9 the material in it, you are going to have to  
10 make the assumption that this material is  
11 somehow in the air all the time or  
12 contamination that is giving it to that  
13 worker.

14 What I need to find, which I  
15 haven't found yet, is surveys information  
16 because things like CNC-11 was definitely the  
17 actinide type of research area. Like I said,  
18 they did have their own, as they state in  
19 their own procedures, which I have. I've got  
20 the procedure information that is in those

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1 document.

2 But they did their own air  
3 sampling beyond what health physics had for  
4 air sampling to determine if there were any  
5 kind of releases or if there was any kind of  
6 contamination problems that they had in the  
7 room.

8 So, that would be one way of going  
9 back, if you can find those surveys, and say,  
10 have they ever had any results on that kind of  
11 thing?

12 MR. FITZGERALD: Yes. I think  
13 that is superior to what was presented in the  
14 ER because the ER basically says you can do a  
15 sitewide average based on the intake value for  
16 the primary.

17 And that gets you into issues,  
18 well, is that reflective of what the exposure  
19 potential was in that particular operation or  
20 not? And you're bringing it back to maybe the

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1 operation itself, which may be more  
2 representative than that sitewide average,  
3 because the sitewide average I think presents  
4 its own issues, which is, how representative  
5 is it? Because if it is an exotic operation,  
6 it probably doesn't reflect the average  
7 anyway.

8 MR. MACIEVIC: And there are  
9 several documents that talk about it, but the  
10 thing is to go from this list here, which I  
11 think I even have -- let's see.

12 MEMBER MUNN: Well, the  
13 knowledgeable people who would have been  
14 involved in operation of what we call exotics  
15 would certainly be protective enough of their  
16 own health and welfare to want to know what  
17 their exposure was over and above anything  
18 that might be recorded on a regular standard  
19 basis for other Members of the Work Groups.

20 MR. MACIEVIC: Well, see, you have

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1 here, this is like for 1975, a standard  
2 operating procedure for handling actinide  
3 elements, americium, curium, californium, and  
4 berkelium, and a standard operation procedure  
5 for safe-handling of radioactive sources  
6 offsite for CNC-11 trailers. Those CNCs are  
7 the ones that handled the actinides.

8 So, you have in just this one I  
9 pulled out here two sets of procedures on how  
10 to work with this material, and then there's  
11 the procedure within these procedures as to  
12 how to do the air sampling. But, like I said,  
13 the trick is now finding those particular  
14 samples.

15 MEMBER MUNN: Right. Yes.

16 MR. FITZGERALD: You're moving --  
17 what was a qualitative approach which says  
18 that we have looked at the literature and it  
19 looks like it was handled the same way. It  
20 appears that we would be restricting these

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1 primaries.

2 Is there any data? Now,  
3 presumably, there's not the bioassay data,  
4 although there might be some for neptunium,  
5 but I'm not sure. But certainly you don't  
6 have the bioassay. What you are now saying,  
7 there may be some area sampling that might be  
8 applicable when you look at it.

9 MR. MACIEVIC: That's right. And  
10 it would be, again, small, but the tool is  
11 there. But the key is to find that data.

12 That's why in the time limits in  
13 doing the ER you are able to find the  
14 documentation that talks about specific things  
15 they are doing, but, then, to go and dig up  
16 those samples or to go to the site, which this  
17 may be still, well, probably still at the  
18 site, where you would have to go and do  
19 another data capture specifically looking for  
20 this type of survey data that we have set up.

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1                   Because you do have survey data,  
2                   which, again, that's not a complete document,  
3                   but there are discussions of surveys where  
4                   periodically you do see the exotic  
5                   radionuclides are mentioned in there. So, it  
6                   is there in small amounts, and we maybe have  
7                   -- well, even though I've got the document, I  
8                   don't necessarily have the survey to cover  
9                   that.

10                   CHAIRMAN GRIFFON:     Well, yes, I  
11                   guess my confusion is that I'm looking at all  
12                   the previous actions, and it was all related  
13                   to sort of verifying the proposed approach of  
14                   using the primary nuclides is satisfactory.  
15                   Now we're saying that might not even be on the  
16                   table. Is that on the table or everything is  
17                   sort of pending?

18                   MR. MACIEVIC:     For the example  
19                   that we have from the offsite, it does do it.  
20                   For sample calculations, using the substitute

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1 for the exotics for the primaries, those  
2 provide, in example dose reconstructions,  
3 provide reasonable results. But when we are  
4 going back, there's data that has to be dug  
5 through further to pull out that info.

6 The method itself is not, when you  
7 do it with the examples and with the one, they  
8 provide reasonable numbers. So, I'm not  
9 worried about this providing some off-the-wall  
10 values when you do the substitution. But the  
11 trick is, it seems from here, we have to be  
12 able to go, and if we are starting to talk to  
13 go back to the source and pulling up from  
14 different areas actual sampling data, that  
15 gets to be trickier.

16 And our approach is that there  
17 isn't a lot of data when we wrote the ER, and  
18 that is covered by this. If you run into a  
19 situation where you have in a DR someone  
20 talking about or an area we know to be with

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1 the actinides, we can apply this as an extra  
2 factor to make sure we've got that dose  
3 included. But those are not based on readings  
4 from samples.

5 CHAIRMAN GRIFFON: See, I feel  
6 like I'm aiming at a moving target. My focus  
7 was to sort of validate and in my mind be  
8 comfortable with this model of using the  
9 primaries for all the exotics.

10 I know you said and Don on the  
11 phone said, well, it's sort of a case-by-case  
12 basis, but from the Board's standpoint, we  
13 have to look at it as, you know, is the method  
14 adequate for all members, potential members,  
15 of the Class for all? You know, a case-by-  
16 case basis sort of doesn't answer the question  
17 for me.

18 How are you going to determine  
19 who? I think there's the who and then there's  
20 what the dose, you know --

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1                   MR. MILES:  It seems like there's,  
2                   at least from my understanding of the ER, the  
3                   objective of the ER is to present a  
4                   methodology that could be used to bound  
5                   intakes.  Now the implementation of the nuts  
6                   and bolts on how the dose reconstructor might  
7                   take all data available to them and  
8                   reconstruct a dose, those kind of details are  
9                   presented in a TBD or that kind of a document.

10                  CHAIRMAN GRIFFON:  Yes, but,  
11                  procedurally, the Board has always said that  
12                  we want to know; it's the show us how, you  
13                  know.

14                  DR. NETON:  I think we need to  
15                  maybe more clearly define which work  
16                  populations these exotics would be applied to.

17                  CHAIRMAN GRIFFON:  Yes.

18                  DR. NETON:  Clearly, it's not the  
19                  whole site.  Greg talked about it.  It's not  
20                  the whole site.

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1                   CHAIRMAN GRIFFON: Right, right.

2                   DR. NETON: There's certain areas  
3 where these existed. These were minor  
4 players.

5                   CHAIRMAN GRIFFON: Just by their  
6 nature, right.

7                   DR. NETON: Yes. And whether we  
8 can constrict the use to certain areas,  
9 certain job titles, that sort of thing, we  
10 should be able to do that.

11                  CHAIRMAN GRIFFON: Well, then from  
12 an action standpoint, I mean I am just trying  
13 to understand how to direct this thing.

14                  Yes, go ahead.

15                  MEMBER BEACH: Well, I want to,  
16 too, because the service workers, you say it's  
17 a minor or a small group, but the service  
18 workers were all over. Those need to be  
19 addressed.

20                  MR. MACIEVIC: Well, yes, I agree,

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1 and I was going to say, as far as for Andrew,  
2 for the firefighters and the --

3 MEMBER BEACH: Janitors,  
4 maintenance workers.

5 MR. MACIEVIC: All that group, the  
6 only way I can see -- well, we can go back  
7 and take a look at the associations that would  
8 have these potential for the actinides, but  
9 you would have to, in doing any kind of dose  
10 reconstruction and having a maintenance person  
11 or someone coming into that area, they would,  
12 then, have to get -- because you would have to  
13 rank on some amounts of time. You couldn't  
14 say the person was there 2,000 hours a year  
15 and working in that facility. You would have  
16 to say, what would be the percentage of time?  
17 You would have to give some fraction of that  
18 dose to that worker.

19 CHAIRMAN GRIFFON: I'm not sure --  
20 we always get into problems when we start to

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1 try to do that, you know.

2 MR. MACIEVIC: That gets tricky.

3 CHAIRMAN GRIFFON: Yes. Worker  
4 tracking is, you know --

5 MR. MACIEVIC: Well, let me ask  
6 Don. Don, didn't we talk about a clear set of  
7 job titles and activities that are specific to  
8 LANL?

9 MR. STEWART: Yes, when we were  
10 talking about the substitution approach.

11 MR. MACIEVIC: Right.

12 MR. STEWART: Yes, we had a list  
13 of job titles and areas, and I actually have  
14 been looking for that. I haven't been  
15 successful in finding it as yet.

16 CHAIRMAN GRIFFON: Well, let me go  
17 to Andrew who had a comment, and then Joe.

18 MR. EVASKOVICH: Well, my question  
19 is -- it's more of a question. Because I  
20 addressed the stack air monitoring and the

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1 problems associated with that which were  
2 revealed in the Clean Air Act lawsuit. There  
3 were several buildings that had stacks that  
4 were not monitored.

5 My question is, were the exotics  
6 in these buildings that weren't monitored? In  
7 which case, then, you do have an environmental  
8 problem or environmental exposure for the  
9 workers at LANL. I haven't heard that  
10 addressed yet. Where are these located at?  
11 What were the systems? Were they in  
12 gloveboxes and were they vented out through  
13 stacks? And if the stacks were monitored,  
14 then you have a potential for exposure there.

15 That doesn't seem to be addressed.

16 MR. MACIEVIC: Well, see, with the  
17 actinides and that, you would have to look at  
18 incidents that are occurring. Now when you  
19 have a routine process where there is  
20 materials being used all the time and there

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1 are some releases going on over a period of  
2 time, that's one thing. But when you're  
3 dealing with the actinides in these  
4 laboratories, the problem is different in that  
5 you're not having -- a release from these  
6 facilities would have, you would have to look  
7 at the incident lists to see whether or not  
8 there would be this type of activity going on,  
9 that you would account for this.

10 Because it's not a routine process  
11 that is going through that you will have lots  
12 and lots of these exotics continuously being  
13 pumped out or not being monitored or working  
14 on a process where this material, even if it's  
15 not a monitored stack, would have been over  
16 years pumping this material out of the stack.

17 So, it is a different type of problem that  
18 would be addressed.

19 CHAIRMAN GRIFFON: Yes, go ahead.

20 MR. FITZGERALD: Yes, my question

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1 was actually relevant to you were trying to  
2 shape an action. As we were talking, I was  
3 thinking about, you know, in the ER they  
4 basically married up the exotics to the  
5 primaries that would be used to bound them. I  
6 am thinking of a matrix where that might end  
7 up being the fallback at some point, but if  
8 you had a matrix where you had the exotics and  
9 you had any available bioassay information,  
10 and I think perhaps neptunium -- there's a  
11 couple of campaigns where I think they  
12 actually do have some data.

13 Then, you have situations -- and I  
14 think you referred to them -- where there  
15 might actually be some air sample information  
16 or whatever, contamination surveys, or  
17 whatever. You haven't found that yet, but  
18 there may be.

19 CHAIRMAN GRIFFON: Yes.

20 MR. FITZGERALD: It is sort of

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1     like going down the hierarchy of establishing  
2     what data there is that could be applied.  
3     Then, of course, the question is, can you  
4     apply it? But you would march that down.

5             Then there might be situations,  
6     which goes back to Jim's earlier comment,  
7     where you can establish there was an exposure  
8     potential and why. That might be something --  
9     I can't predict what that might be. It might  
10    be a situation where you can establish there's  
11    no exposure potential.

12            That kind of establishes for that  
13    family of exotics kind of where things stand  
14    and what your strategy would be in each case.

15    Because in some cases you might be able to  
16    use the available monitoring information to  
17    bound the exposures and you might be able to  
18    tag it to a certain cohort of workers.

19            In other situations, there really  
20    isn't any data, and if somebody has some

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1 established exposure perhaps to that exotic,  
2 then you will have to perhaps propose the sort  
3 of fallback position, if you may, which is to  
4 use the primary.

5 I get nervous when you get to that  
6 fallback position because it sort of begs the  
7 question. If we don't have any data, no  
8 source-term evaluation information, and you  
9 are using a substitute primary, I would want  
10 that benchmarked in some fashion to at least  
11 establish the relevance, that it actually will  
12 bound, as you gave that one example.

13 CHAIRMAN GRIFFON: Yes.

14 MR. FITZGERALD: Otherwise, it is  
15 kind of speculative. Intuitively, it sounds  
16 right, but there's nothing hard to go on.

17 CHAIRMAN GRIFFON: And the air  
18 sampling to some extent might be useful in  
19 that regard.

20 MR. FITZGERALD: Yes, and I'm just

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1 saying, if you march down that --

2 CHAIRMAN GRIFFON: It's in the  
3 same ballpark area.

4 DR. NETON: But you run into  
5 problems where these things were used so  
6 infrequently --

7 CHAIRMAN GRIFFON: Right.

8 DR. NETON: That you don't have a  
9 lot of data. So, we find little bits here and  
10 there, and then the question is, well, how  
11 representative is that? And you say, well,  
12 maybe that's it. I mean you don't know how  
13 often this was used.

14 CHAIRMAN GRIFFON: Yes, yes.

15 DR. NETON: I've been looking  
16 through these RWPs, special work permits and  
17 procedures that we cited in the ER. It is  
18 pretty definitive as to how you handle this  
19 stuff and what you do when you're working with  
20 it.

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1                   So, it's clear that there was an  
2 understanding and a recognition of the hazard  
3 and containment of the hazard, and they worked  
4 with it under some very tight radiological  
5 control. The question is, how much data do we  
6 need to pull out to convince someone that  
7 controls that are on paper that are in place  
8 actually were there, given that's it's not a  
9 very high-frequency operation?

10                   CHAIRMAN GRIFFON: Well, the other  
11 thing about not so high-frequency operations  
12 is that the protocols around those operations  
13 are probably not so tight. Do you know what I  
14 mean?

15                   DR. NETON: Well, I don't know,  
16 Mark. I'm looking at all manipulations --

17                   CHAIRMAN GRIFFON: Sometimes just  
18 by the very nature, they're experimental in  
19 nature, Jim.

20                   DR. NETON: Just let me quote --

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1                   CHAIRMAN GRIFFON:   Yes.

2                   DR. NETON:     Just this one part,  
3     "All manipulations of curium are carried out  
4     in closed glovebox vacuum systems to maintain  
5     a negative pressure," and neoprene gloves, a  
6     minimum of 10-gauge thickness, tested for  
7     leaks before they install these boxes.

8                   I mean these are not very slipshod  
9     operations. I mean they are well-thought-out.

10                  MR. MACIEVIC:   Also, you have high  
11     external doses associated with several of  
12     these things. So, it's not like it's on its  
13     own that you would be somewhere without the  
14     dose rates being increased externally if this  
15     were a contamination problem all throughout a  
16     facility.

17                  MEMBER MUNN:     And we certainly  
18     have vast information to show that.

19                  MR. FITZGERALD:   I think this gets  
20     into the broader question that I think we're

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1 talking about in Santa Fe, which is you don't  
2 have any hard data and clearly, there was an  
3 exposure potential. Can you deal with it in  
4 terms of the procedures that are in existence  
5 at that time and some appreciation of the  
6 controls that were implemented or in the  
7 context of EEOICPA, which I think is skeptical  
8 of DOE's management controls, and should you  
9 do that?

10 I think this is a really hard  
11 question, which is the one we're talking about  
12 in Santa Fe, because I don't know. I think we  
13 have hit that point in a number of cases,  
14 particularly with the secondaries, where you  
15 don't have a lot of data and you have to make  
16 some kind of overriding assumption that it  
17 looks like and reads like things were pretty  
18 well-controlled. And intuitively, you expect  
19 by the 80s and nineties you are going to see  
20 much better controls, although I have to say I

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1 was at Fernald in '85 and that wasn't the  
2 case.

3 So, with a grain of salt, you have  
4 to assume things.

5 MR. MACIEVIC: I will tell you for  
6 LANL, as far as I think even currently today,  
7 you are not going to find bioassay programs  
8 for the actinides and that they are going to  
9 have a specific program for all these  
10 materials. They are still viewing it as a  
11 contained problem that is being watched over  
12 here, but it is not a general process problem.

13 Because if you're talking all the  
14 way up to 2005, and we talked to the current  
15 people in the facility, and we had the  
16 dosimetry, they did not have examples right  
17 off the top of their head to show, from lung  
18 counts and all that to say, "Oh, we counted.  
19 We had a neptunium here. We had a curium  
20 here. We did this and this and this." It

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1 wasn't there.

2 DR. NETON: In this era, and I'm  
3 talking about after '75 forward, the process  
4 was in place to evaluate the hazard, put in  
5 some workplace controls, and then evaluate to  
6 see if those workplace controls actually  
7 worked.

8 You would do a lot of routine  
9 surveys and find that they were actually in  
10 place, but the need for bioassay would not  
11 really be there. You don't use people as  
12 human air samplers to see if your workplace  
13 controls are working.

14 So, I'm looking here at the CMR  
15 building. This is sheet -- I'm referring to  
16 Appendix A that Greg discussed earlier. There  
17 were 9,000 alpha contamination surveys of the  
18 CMR building in the third quarter of 1975.

19 So, clearly, they recognized the  
20 hazard. They are surveying for it. If these

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1       contamination surveys are coming back clean,  
2       where is the need to have bioassay samples to  
3       document exposure or demonstrate no exposure?

4                       I think it is incumbent upon us --  
5       I agree that we can't just cite a procedure  
6       and say the procedures were there, but I think  
7       some tieback, as we talked about earlier, to  
8       all these surveys and air samples that were  
9       taken to demonstrate that the controls that  
10      were in place actually worked and we're not  
11      seeing evidence of loose contamination in the  
12      workplace.    And if there was, did they do  
13      something about it?

14                    MR. FITZGERALD:  I think that also  
15      goes to the question of health physics  
16      controls and management at not only DOE-wide,  
17      but particularly at Los Alamos.  We are very  
18      hesitant about citing Tiger Team reviews  
19      because they were compliance-based and they  
20      looked at whether procedural compliance was in

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1 place.

2 But, nonetheless, some of these  
3 snapshots give you pause, which raised I think  
4 a healthy skepticism about whether any site  
5 was necessarily following its own procedures,  
6 let alone following practice.

7 I think that was the great  
8 awakening in the early 80s at DOE, that  
9 despite the policies, it wasn't necessarily  
10 being implemented rigorously at many sites. I  
11 think the context of this program is going to  
12 be skeptical of what you read in the  
13 procedures and what should have been going on  
14 versus what was actually going on.

15 So, I'm sort of getting into what  
16 we are going to talk about in Santa Fe, but  
17 the issue is, when you have no monitoring  
18 data, how do you weigh --

19 DR. NETON: Well, but I would  
20 suggest you do have monitoring. We just

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1 haven't provided --

2 MR. FITZGERALD: Okay.

3 (Laughter.)

4 Well, that's what I said earlier.

5 We have the data, but that's the first  
6 action, is to get the data, and then to see  
7 where we don't have the data.

8 DR. NETON: Yes, I agree.

9 CHAIRMAN GRIFFON: That was on the  
10 table from last time.

11 DR. NETON: I 100 percent agree  
12 with you. Just citing the procedures is not  
13 sufficient in and of itself to put this issue  
14 to bed. We have to show some demonstration of  
15 compliance with procedures and that the  
16 workplace controls were effective.

17 MR. MACIEVIC: Well, I don't know.

18 Another philosophical question, but if you  
19 are looking at what I view as something  
20 becoming an SEC, there's one thing to say that

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1 a site which they screwed up here, they had  
2 problems here, they had doses that were higher  
3 than they anticipated, and it just basically  
4 was a screwed-up place, but an SEC says they  
5 were doing something that they basically had  
6 no clue of that is exposing people to a level  
7 that we have no clue that we can even talk  
8 about.

9 To me, it says there is going to  
10 be a lot less information on a site like that  
11 as opposed to somewhere where you do -- and,  
12 yes, you have to go through the actual reports  
13 and pull up the survey results. But when  
14 you're going into an SEC, you have to say that  
15 the actinides really were so prevalent and not  
16 watched and had no clue about, that this site  
17 could be exposing people and all kinds of  
18 workers to stuff that they have really no  
19 handle on what they were doing.

20 But these documents don't show

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1 they didn't have a handle on it. They knew it  
2 existed. They knew it was there. They had  
3 things that were going.

4 Now how much a person got over  
5 time, you can go and look at the air-sampling  
6 data and try to figure out. But to push it to  
7 the other end, to say there was a total  
8 breakdown --

9 MR. FITZGERALD: The perspective I  
10 keep going back to is Los Alamos is somewhat  
11 unique in the sense that we are dealing with  
12 this two-part SEC. The first part SEC focused  
13 on not the primaries, the primary  
14 radionuclides, but actually secondary  
15 nuclides.

16 I'm trying to understand  
17 logically, prior to the in vivo counter being  
18 installed, it was understood based on this SEC  
19 being granted that, even though they were  
20 aware -- you know, certainly there was this

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1 awareness and there were certainly controls in  
2 1974-75 on certainly mixed-activation, mixed-  
3 fission products. You saw it, you name it.

4           The ability to know what the  
5 actual doses would be, whether it is by  
6 recordkeeping or by dosimetry system was  
7 lacking. With the advent of the technology,  
8 all of a sudden, that situation, based on the  
9 Evaluation Report, has changed.

10           We now have not just the awareness  
11 -- that existed before the in vivo arrived --  
12 but now you have a means to actually come up  
13 with data, usable data, for dose  
14 reconstruction. That's what we keep coming  
15 back to. Is there data? And if there is no  
16 data, that kind of creates a fundamental  
17 question on the table.

18           If the technology didn't give you  
19 better data, and you're trying to establish a  
20 different way to do it, then whether or not

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1       there was an awareness, whether or not there  
2       was procedural conformance, it still comes  
3       back to the data. Is the data better? That  
4       is, to me, the hallmark of --

5                   MR. MILES: Well, you keep coming  
6       back to there is no data, but we had Liz just  
7       mention a while ago there were like a thousand  
8       results she was looking at in the database --

9                   MR. FITZGERALD: I'm just speaking  
10      to the ER.

11                  MR. MILES: For LAMPF.

12                  MR. FITZGERALD: I'm just speaking  
13      to the ER. The ER, that's what we're  
14      evaluating. That's what the Board is looking  
15      at.

16                  The ER, basically, says that it is  
17      sparse or lacking, and therefore, we're going  
18      this way. At the table now, I think -- and  
19      this is partly our confusion -- is we are  
20      hearing that there is data. We haven't really

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1       unpacked it totally, but when we unpack it,  
2       that might offer a path forward, which is good  
3       news because I think that is a better place to  
4       be than what's in the ER. But we haven't seen  
5       it yet.

6                   MR. MILES:     Well, I think there  
7       are data, and those data will be used as  
8       available for a dose reconstruction. But the  
9       effort in the ER is to present a methodology  
10      that could be used to bound in the absence of  
11      data.

12                   CHAIRMAN GRIFFON:   Well, then, now  
13      I'm back to the beginning of the discussion.

14                   (Laughter.)

15                   Are you or are you not admitting  
16      that for some people -- because we have to  
17      evaluate it for all claimants over this time  
18      period, whether you can reconstruct dose. So,  
19      you're saying for some they will have personal  
20      data. That's fine.

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1 MR. MILES: That's right.

2 CHAIRMAN GRIFFON: We understand.

3 That's in the DR process. But we have to  
4 look at the other, the outliers. So, how are  
5 you going to bound for everyone? How are you  
6 going to reconstruct for everyone that might  
7 be exposed to these exotics? That's the other  
8 layer of this question.

9 So, are you, then, proposing that  
10 you would use -- I'm still saying in my first  
11 action, until you just said that, my first  
12 action was that you should go back and look at  
13 this other data available for these exotics,  
14 like air sampling, like swipe data, like  
15 source-term data even, to determine the extent  
16 that that can be used for reconstruction or to  
17 validate the use of substitute data. That was  
18 my first action.

19 MR. MACIEVIC: Right.

20 CHAIRMAN GRIFFON: So, let's stay

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1 with that one.

2 DR. NETON: Yes, I'm with you on  
3 that.

4 CHAIRMAN GRIFFON: So, that's the  
5 first.

6 MR. MACIEVIC: Well, I think --

7 CHAIRMAN GRIFFON: So, you are not  
8 necessarily saying flat out that you will use  
9 what you are referring to as the primary  
10 nuclides, the plutonium or americium. You  
11 won't necessarily use that as a substitute.  
12 You're going to look at this other data first?

13 MR. MACIEVIC: Right, right.

14 CHAIRMAN GRIFFON: Okay. That's  
15 what I wasn't sure.

16 MR. MACIEVIC: Well, and, see, I  
17 think the question, because we keep saying no  
18 data, as you go back in years, we start  
19 getting into the sixties and fifties, there is  
20 less actual survey data --

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1                   CHAIRMAN GRIFFON:   Right.

2                   MR. MACIEVIC:     And less things  
3                   there.   Whereas, as you're going into the  
4                   later years, you just by volume and looking at  
5                   the numbers of samples and things done, that  
6                   has increased.

7                   CHAIRMAN GRIFFON:   Right.

8                   MR. MACIEVIC:     So, that is the  
9                   kind of thing we're talking about as far as  
10                  when you say more data or less data, there is  
11                  more survey data being produced.

12                  CHAIRMAN GRIFFON:   I mean this is  
13                  the example we just used with the  
14                  accelerators. It may be that, like Jim said,  
15                  if you go back, you find the different  
16                  campaigns that were run for neptunium, and you  
17                  say, you know, it was run for three weeks in  
18                  this one area and they did 50 air samples over  
19                  those three weeks, and they all came up non-  
20                  detect. Then, maybe that's convincing enough

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1 that there was no potential, even though the  
2 source-term was there, there was no potential  
3 for airborne exposure, and therefore, they  
4 didn't do bioassay.

5 So, that convinces the group that,  
6 okay, you know --

7 MEMBER MUNN: How long are you  
8 going to have neptunium around anyway?

9 DR. NETON: Well, the door is  
10 still open on using this ratio technique  
11 though. It may end up being the case that we  
12 have access to smears and air-sampling data,  
13 but we've never been successful at convincing  
14 anyone that air sampling data can be used to  
15 estimate intakes, unless it's very rigorous  
16 readings on an air sampling campaign.

17 CHAIRMAN GRIFFON: You're right.

18 DR. NETON: But if you have  
19 evidence from a general area sampling program,  
20 it really doesn't look like much is going on

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1 out there, but then you can say, okay, but  
2 that allows me to say my ratioing technique is  
3 probably going to be okay. It will be above  
4 what the GAs were saying.

5 I'm not suggesting that we will  
6 develop air sampling models here because,  
7 frankly, that's something we've never been  
8 able to do --

9 CHAIRMAN GRIFFON: Right. And  
10 that's why I say this other data to  
11 reconstruct or validate this substitute  
12 method.

13 DR. NETON: Exactly. Right.

14 CHAIRMAN GRIFFON: I'm leaving it  
15 open for you. Okay.

16 DR. NETON: I got you.

17 MR. STEMPFLEY: Mark?

18 CHAIRMAN GRIFFON: The other thing  
19 I said in this action -- oh, I'm sorry, go  
20 ahead.

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1                   MR. STEMPFLEY:     My name is Dan  
2                   Stempfley. I'm with the ORAU team.

3                   And I had a quick question about  
4                   the discussions in terms of bounding. My  
5                   question is in the ER we defend the ability to  
6                   bound. If that question is satisfactory,  
7                   don't methods that you are discussing about  
8                   specific dose reconstruction processes, don't  
9                   they become TBD issues rather than SEC  
10                  bounding issues?

11                  CHAIRMAN GRIFFON:   Yes, but we've  
12                  asked -- I mean the Board procedure, you might  
13                  want to pull that up. The Board procedure is  
14                  to have in this Work Group process show us how  
15                  you're going to bound. So, just saying that  
16                  you can bound and not having the exact way  
17                  you're going to do it, and not validating  
18                  it --

19                  DR. NETON:        Yes, we've been down  
20                  this path before.

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1                   CHAIRMAN GRIFFON:   Yes, we've been  
2 down this path.

3                   DR. NETON:     It's one thing to say  
4 that we can bound all intakes for exotics by  
5 assigning exotics to everyone.

6                   CHAIRMAN GRIFFON:   Right.

7                   DR. NETON:     I think we've gone  
8 down the path where the Board doesn't accept  
9 that.

10                  CHAIRMAN GRIFFON:   Right.

11                  DR. NETON:     If that's what you're  
12 going to do, then that's what you're going to  
13 do.     It's not okay to be morphing your  
14 position as you go.

15                  See, originally, that's how we  
16 started off with these processes.   We would  
17 say, well, we can bound it by doing --

18                  CHAIRMAN GRIFFON:   Right.

19                  DR. NETON:     We'll just assign this  
20 to everybody.   And the Board's position was,

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1 well, if that's what you're doing, then fine;  
2 let's talk about that.

3 And then we would say, well, we  
4 could refine it later on as we go and develop  
5 these processes. The position we have been in  
6 lately is we have to have a fairly well-  
7 defined --

8 CHAIRMAN GRIFFON: Yes, there's  
9 also the sufficient accuracy argument.

10 DR. NETON: It's a sufficient  
11 accuracy thing.

12 CHAIRMAN GRIFFON: Yes, yes. If  
13 you start just throwing high numbers at  
14 everything --

15 DR. NETON: Are you going to  
16 assign curium intakes to secretarial staffs,  
17 and that sort of thing?

18 CHAIRMAN GRIFFON: Right, right.

19 DR. NETON: We need to define who  
20 this applies to.

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1                   MEMBER BEACH:       And I have a  
2 question on the ER. Did this ER capture all  
3 of the exotics that were used? And if not,  
4 how important is it to make sure that those  
5 are all addressed?

6                   MR. MILES:    I think that at LANL  
7 they pretty much used just about anything you  
8 can imagine at one point or another. In some  
9 way, shape, or form, there's just about any  
10 radionuclide that you can think of used there  
11 in some way, shape, or form. And I think it  
12 is still the case today.

13                   In fact, most all these issues  
14 that we are discussing I think you could ask,  
15 is the situation different last week for a  
16 worker that was there last month? Could we  
17 bound that worker's intake?

18                   Because all these issues that were  
19 discussed so far seem to be applicable to  
20 today.

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1                   CHAIRMAN GRIFFON:   Well, yes.   I  
2   don't know where the -

3                   MR. MILES:    Bioassay results for  
4   every radionuclide on the chart of nuclides.

5                   CHAIRMAN GRIFFON:   Right.   I would  
6   rely on SC&A's review on this to look at the  
7   sort of primary campaigns.   I mean we can't  
8   track down every laboratory experiment, right?

9                   MR. MACIEVIC:   Well, I actually  
10   have a procedure in here that -- this is Greg.  
11   Oh, well, we don't have to say that now.  
12   Never mind.   Never mind.   This isn't Greg.  
13   Don't worry about it.

14                                   (Laughter.)

15                   On a procedure on how to work with  
16   einsteinium, I mean you've got some off-the-  
17   wall radionuclides --

18                   MEMBER BEACH:    Right.   I just  
19   wanted to make sure that was addressed because  
20   I don't have the total grasp on the importance

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1 of it.

2 MR. MACIEVIC: Well, it's  
3 interesting that Andrew provided a document,  
4 not this current one, but from the -- oh, what  
5 is that?

6 MR. EVASKOVICH: From the  
7 petition, the 2002 radiological --

8 MR. MACIEVIC: Yes.

9 MR. EVASKOVICH: Building survey.

10 MR. MACIEVIC: Review of the site.

11 MR. EVASKOVICH: Yes.

12 MR. MACIEVIC: And they looked at  
13 things.

14 MR. EVASKOVICH: They only used it  
15 for one year, though. I couldn't find any  
16 other years, but that one just happened to pop  
17 up on a Google search. So, I grabbed it.

18 But I referenced it in the  
19 petition, and then I referenced it again in  
20 this review that I wrote.

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1                   MR. MACIEVIC:       Oh, is it the  
2                   LANL National Resource Council report that you  
3                   sent? Because it was a document that -- no, I  
4                   don't have the year.

5                   MR. EVASKOVICH:   No.

6                   MR. MACIEVIC:       It was a pre-  
7                   assessment screen for LANL, the LANL National  
8                   Resource Council document. They were doing a  
9                   preliminary look of --

10                  MR. EVASKOVICH:     That was for  
11                  environmental exposures offsite.

12                  MR. MACIEVIC:     Oh, yes. Well, I  
13                  thought it was also they talked about onsite  
14                  stuff, too.

15                  MR. EVASKOVICH:     Well, they do,  
16                  but the concern or the basis of concern for  
17                  the document was dealing with the potential  
18                  for offsite releases because they had the  
19                  Pueblos involved and they had Bandelier  
20                  National Monument involved and the Forest

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1 Service.

2 So, what they were looking at with  
3 that was identifying the source-terms and the  
4 possibility that they migrated offsite through  
5 either the canyons or through the air, the  
6 canyons being water runoff.

7 And the Clean Water Act, that's  
8 another lawsuit that was filed in 2008, I  
9 believe. So, there have been issues with  
10 that.

11 It's a later action item or at  
12 least it was referenced in the matrix, you  
13 know, identifying source-terms, but the other  
14 document refers to in 2002 they did a survey  
15 where they actually listed materials and where  
16 they were located, which, yes, it does  
17 confine. But it goes back to my earlier  
18 question, you know, the stack air monitoring  
19 and the potential for release --

20 (Voices on the phone line.)

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1 MR. MACIEVIC: Remember your mute.

2 MR. KATZ: It's okay. Folks on  
3 the line, if you could mute your phone? We  
4 can hear you discussing Andrew's comments.  
5 You could use \*6 if you don't have a mute  
6 button to mute your phone. Thank you.

7 MR. EVASKOVICH: But, like I said  
8 with the stack air monitoring, I think it  
9 would be helpful because this goes to the  
10 episodic nature, I think. That was a question  
11 that was raised in the last meeting, and I  
12 think it is going to come up later on in the  
13 matrix, is the episodic nature of these  
14 exposures.

15 So, you're saying, okay, well,  
16 it's episodic, but, yes, it's episodic, but  
17 still did it go out through the stacks? Was  
18 it not monitored? Is there a potential for,  
19 say, the guy cutting the grass outside the  
20 building to have been exposed while the people

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1       inside were not?   That is kind of what I'm  
2       trying to get to.

3                   MR. MACIEVIC:    Oh, yes.    And my  
4       point with bringing up the document is    in  
5       there, when you go through that -- and I did a  
6       check through the PDF -- the source-terms that  
7       they talk about that are of concern to them  
8       are basically the primary, are the primary  
9       radionuclides.

10                   Because I was looking to see if  
11       maybe in some of these documents someone was  
12       talking about any of the exotics, and they are  
13       not mentioned in the process.   It's the basic  
14       primaries.

15                   So, when you look at other  
16       environmental reports, it is the primaries  
17       that are always the material that the concern  
18       is for and not the exotic radionuclides.

19                   MR. EVASKOVICH:    Well, I would  
20       think the Clean Air Act lawsuit does reference

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1 the exotics as well because --

2 MR. MACIEVIC: Okay. I didn't  
3 look at that.

4 MR. EVASKOVICH: Well, I  
5 referenced it in the petition, and from what I  
6 understand, there's a lot of documentation  
7 that is on file with the court there, the U.S.  
8 District Court, but it's just there's a lot  
9 there.

10 MR. MACIEVIC: Yes.

11 MR. EVASKOVICH: And I didn't dig  
12 into that. But I just referenced what the  
13 result of the lawsuit was and just talked to  
14 the people that were involved with the  
15 lawsuit. And it isn't just the primaries that  
16 they were concerned with as far as offsite  
17 exposure.

18 That was the purpose of it, was  
19 they were concerned with the offsite exposure.

20 They're looking at LANSCE. They're looking

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1 at the activation products, but they're  
2 looking at the stacks as well.

3 I think that is a concern, is that  
4 if they're working with exotics, depending on  
5 the nature of the stack and where the air is  
6 coming from, what's released coming out of the  
7 stack? That is kind of what I wanted to  
8 address when I did the petition, was if you're  
9 not monitoring for the exotics and you don't  
10 have any bioassay for it, then how are you  
11 going to reconstruct the dose?

12 So, if somebody is outside, okay,  
13 a guy is in the laboratory working with  
14 exotics. He has got a glovebox. He has got  
15 negative pressure. Where is that going to?  
16 It is going out the stack. If it is not  
17 filtered properly, and they don't know that  
18 because they didn't monitor, what is the  
19 potential for exposure to the person outside?

20 With just the whole nature of

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1     airflow out of a stack, the stack tipped  
2     downdraft, you know, the stuff that I  
3     discussed in the petition, that was kind of  
4     the issue that I was trying to raise and I was  
5     hoping to get addressed, aside from what was  
6     happening at the explosive sites and the  
7     testing that was done there.

8                     So, that's one of the things I was  
9     hoping to see addressed, was the potential for  
10    the environmental exposure that is not  
11    addressed in the dose reconstruction. Because  
12    you're saying, well, we've got all this  
13    bioassay data for comments, but you don't have  
14    the bioassay data to apply to the DR for  
15    people that are exposed to the exotics through  
16    these other means, through the environmental  
17    exposure that could have occurred through the  
18    stacks and the explosive testing.

19                    MR. MACIEVIC:     Well, LAHDRA also  
20    is one of the projects that addressed the

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1 environmental problems. I think they just  
2 released that report, but --

3 MR. EVASKOVICH: Yes. Well, you  
4 know that's why I threw in the Clean Air Act  
5 lawsuit, just because they're saying, well, we  
6 have to stay here, but the Clean Air Act  
7 lawsuit says the quality of the data is not  
8 there.

9 CHAIRMAN GRIFFON: Okay. I'm  
10 going to try to go back to the action list. I  
11 think I sort of recapped where we need to go  
12 with item 2. But let me see if I have  
13 agreement.

14 The first one, I just edited the  
15 first one based on our discussion because part  
16 of what I wanted to see if NIOSH can respond  
17 to is, well, I'm thinking back to like Mound  
18 with the Wayne King document that shows  
19 nuclides by areas.

20 But NIOSH to provide a listing of

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1 the -- and I put in the word "major" -- of the  
2 major exotics. In other words, I understand  
3 that it is a laundry list, and I am going to  
4 let you guys define where that cutoff is. And  
5 SC&A will, obviously, be looking at it, too.

6 But define a listing of the major  
7 exotics by location and to identify and  
8 provide other types of data, monitoring data,  
9 air sampling, swipe data, source-term data,  
10 dose-rate data, et cetera.

11 NIOSH will determine the extent to  
12 which the other monitoring data can be used to  
13 reconstruct dose or to validate the use of  
14 substitute data to bound doses from exotic  
15 nuclide exposures.

16 So, that's that other data.

17 MR. MACIEVIC: Right.

18 CHAIRMAN GRIFFON: And I added on  
19 that first part, which is where were these  
20 campaigns done and what time frames, you know,

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1 that kind of thing.

2 MR. FITZGERALD: With workers, you  
3 mean identify the categories?

4 CHAIRMAN GRIFFON: Yes, I think  
5 that in our matrix it comes in item 4, the  
6 linking of the workers to the -- I'm going  
7 through the same four bullets we had before.  
8 I'm just following, these are sort of follow-  
9 up actions from the April actions.

10 So, the second action I have is  
11 NIOSH will -- and I think this is still  
12 pertinent, but this was the first one you  
13 said, Greg, and you actually said it when we  
14 were discussing No. 1.

15 NIOSH will go through the claimant  
16 files to look for data or for claimant files  
17 that have data for exotic exposures to  
18 determine if the use of the primary nuclide  
19 substitute model will effectively bound or  
20 effectively yield the same result as the use

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1 of the exotic data.

2 So, it is another way of sort of  
3 confirming that model. That sort of assumes  
4 that you are going to go with that model. But  
5 I think that still is pertinent, even though  
6 you are looking back at the air sampling and  
7 other data, too. All right.

8 No. 3, I said, "No further action.  
9 See No. 1 above."

10 Basically, it was to provide a  
11 better description of the episodic nature of  
12 the exposures. I think if you provide  
13 location and time frames, all that stuff, we  
14 are going to understand a little better about  
15 what these campaigns were. So, that should  
16 answer that question, I think.

17 No. 4 was for NIOSH to provide a  
18 matrix from checklist data and RWP data. I'm  
19 not sure if it's RWP data, but more from  
20 checklist data, right?

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1                   MR. MACIEVIC:    Yes, checklist and  
2                   the quarterly reports.

3                   CHAIRMAN GRIFFON:    The quarterly  
4                   reports.

5                   MR. MACIEVIC:    And there are RWP  
6                   data -

7                   CHAIRMAN GRIFFON:    Okay.

8                   MR. MACIEVIC:    That could also be  
9                   brought in, but I don't have that.

10                  CHAIRMAN GRIFFON:    Okay.    To look  
11                  at which workers or job types were monitored  
12                  for which radionuclides over time.    And this  
13                  is the exotic radionuclide, which exotic  
14                  radionuclides over time.

15                  That's sort of a carryover from  
16                  the last action that we had the same thing.  
17                  So, this gets into the question of, can you  
18                  place people or job types in these areas?

19                  Then, the only other one that I  
20                  have started hanging out there is Andrew's

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1 question of the sort of exposures to support  
2 workers outside. I think it does come up  
3 later in our matrix. So, I am going to write  
4 it on the side for now on how I am dealing  
5 with that. I won't include it in 2, but I  
6 haven't forgot it. Remind me if I do.

7 But does that sort of capture  
8 where we're at with it? Okay.

9 Do you want to move on? I think 3  
10 is similar, and maybe we can knock this out  
11 before lunch.

12 MR. FITZGERALD: Yes, I think on 3  
13 the context is the coworker model --

14 CHAIRMAN GRIFFON: Right.

15 MR. FITZGERALD: Rather than  
16 anything else, whether or not it's sufficient  
17 data to make the coworker approach valid.  
18 That is a typical question raised in any SEC.  
19 So, that is a question that I guess part of  
20 what you are going to be looking at is --

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1                   MR. MACIEVIC:       Well, we did  
2 provide you some of it laid out by year, the  
3 bioassay data and --

4                   MR. FITZGERALD:   Yes, I think the  
5 context we are particularly interested in is  
6 in the exotics and the other nuclides in  
7 particular -- I think that we certainly had  
8 some data points where the question is how  
9 much, what would actually be used in the  
10 coworker model, and is that going to be  
11 feasible, that question.

12                   Because you have -- was it OTIB?  
13 -- not OTIB, but was it OTIB-62 -

14                   MEMBER BEACH:   Yes.

15                   CHAIRMAN GRIFFON:   Yes.

16                   MEMBER BEACH:   And it said, "and  
17 -63", post-`75.

18                   MR. MACIEVIC:       Does that answer  
19 the question?    Because it was, can that be  
20 laid out for all these radionuclides by year

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1       instead of five-year intervals for the  
2       bioassay results? And that does answer that,  
3       as to the number of samples that are available  
4       during those periods, and cesium being the one  
5       that --

6                   MR. FITZGERALD:     It gets to be  
7       kind of scant in a couple of years. I guess  
8       you are talking a five-year on cesium, though?

9                   MR. MACIEVIC:     Yes.     Yes.     We.  
10       The whole-body count data for cesium are  
11       presented in five-year intervals, and it's  
12       because of the fact that you needed a larger  
13       pool of numbers to make it more, improve the  
14       statistics for it by having the whole-body  
15       count. Because this is only the --

16                   MR. FITZGERALD:     So, it's sort of  
17       two issues on that. One, we question the  
18       cesium-137 to begin with.

19                   CHAIRMAN GRIFFON:    Yes.

20                   MR. FITZGERALD:     But assuming you

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1 use cesium-137, whether the five-year -- I  
2 guess you're going to the five-year rather  
3 than by-year, if that's sufficient data to  
4 feed a coworker distribution?

5 So, this does overlap the other  
6 issues, I guess, Mark. I mean in a sense --

7 CHAIRMAN GRIFFON: Yes.

8 MR. FITZGERALD: That, you know,  
9 there is reliance on the cesium-137 for the  
10 exotics at least. You're going back and  
11 looking at the mixed-activation products from  
12 the standpoint of what we discussed in item 1  
13 to see if there's sufficient data there. That  
14 will also feed into whether that would be  
15 sufficient for a coworker approach on the  
16 mixed-activation.

17 So, this is sort of, I guess, a  
18 fallout question, Mark, as far as the  
19 sufficiency question will then feed into  
20 whether the coworker model would be valid or

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1 not, based on cesium for the non-accelerators  
2 and then whatever data you can find for the  
3 accelerators.

4 Then, the second question is, is  
5 that going to be sufficient for a coworker  
6 approach? I guess we can't really answer that  
7 question.

8 CHAIRMAN GRIFFON: Yes, we've got  
9 to really wait until 1 and 2 are answered  
10 until we can move on to 3, right? Is that  
11 what you're saying?

12 MR. FITZGERALD: Yes.

13 CHAIRMAN GRIFFON: So, all these,  
14 I think these will just be carryover actions  
15 pending the answers, you know, your responses  
16 to the first two things we discussed, right?  
17 Because we're not even sure if you're going to  
18 end up with the same coworker approach.

19 MR. FITZGERALD: Right.

20 MR. MACIEVIC: Well, for the

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1 mixed-activation products for like LAMPF, we  
2 may end up using it. We'll find the data and  
3 go with something with the air sampling  
4 data --

5 CHAIRMAN GRIFFON: Right, right,  
6 yes.

7 MR. MACIEVIC: As opposed to using  
8 something like that.

9 CHAIRMAN GRIFFON: Right, right.

10 MR. MACIEVIC: Which I wish we had  
11 separated that out -- that the exotics really  
12 were with the actinides and often not  
13 considering mixed-activation products as an  
14 exotic.

15 MR. FITZGERALD: And the other  
16 dimension to this thing is your picture of the  
17 sufficiency of the information is going to  
18 shift, presumably, improve over time, even  
19 from '75 forward. So that, I think that is  
20 one thing we looked at in terms of the

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1       coworker model. You know, there may be some  
2       questions in the earlier part of that period,  
3       but I would assume that that is going to get  
4       much better as the data gets, you know, the  
5       program gets better.

6                        So, I don't know if that's going  
7       to be a dimension you will be looking at, but  
8       if there is insufficient information in the  
9       earlier time periods, when do you feel that  
10      the level of adequacy gets better for that  
11      kind of thing? What time frame are we talking  
12      about? I mean, was it good from the get-go or  
13      do you see some kind of --

14                      MR. MACIEVIC: Oh, yes, all of  
15      them have to be a function of time.

16                      MR. FITZGERALD: Well, that's what  
17      I'm saying. Yes.

18                      MEMBER BEACH: Well, part of that  
19      was on page 6 of your report, Greg, it talks  
20      about the lab notebooks -

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1 MR. MACIEVIC: Yes.

2 MEMBER BEACH: Were a primary  
3 method of reporting. Have those been scanned  
4 to the O: drive?

5 MR. MACIEVIC: Yes. I can ask Bob  
6 Burns.

7 Bob, are you on there?

8 MR. BURNS: I'm here.

9 MR. MACIEVIC: On the notebooks,  
10 all that stuff has been transcribed from the  
11 notebooks into the database and available to  
12 be viewed?

13 MR. BURNS: Available? Well, they  
14 would be available at LANL. I don't know if  
15 it's correct to say that they have all been  
16 transcribed.

17 MR. MACIEVIC: Right, right.

18 MR. BURNS: I think the notebooks  
19 were reviewed, my understanding, primarily as  
20 a QAQC measure, if you will --

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1 MR. MACIEVIC: Right.

2 MR. BURNS: To look at, since the  
3 notebooks initially were the primary means of  
4 recording that information, they were looking  
5 to see, when the information was transcribed  
6 into the database, was made electronic, how  
7 good was that process? How accurate was that  
8 process?

9 If you're asking me, were the  
10 notebooks --

11 MR. MACIEVIC: Well, not all  
12 the --

13 MR. BURNS: You know, 100 percent  
14 transcribed, I don't know if that's the case.

15 MR. MACIEVIC: But is there a  
16 place where we could have the Work Group  
17 Members, if they want to take a look at and  
18 see a piece of it to see what was transcribed  
19 into the database or where its location is?

20 MR. BURNS: Yes, we know the

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1 notebook numbers. LANL could, presumably,  
2 provide those, the notebooks, that is.

3 MR. FITZGERALD: It doesn't sound  
4 like it's available online.

5 MR. MACIEVIC: Right, not online.

6 MR. BURNS: I don't believe so. I  
7 don't believe we went through and like copied  
8 the notebooks or anything like that.

9 MR. MACIEVIC: Okay. Okay, that's  
10 right. It is basically going through the  
11 notebooks, checking and verifying, but not  
12 taking notebooks back, copying them, and  
13 putting it all in the computer. Okay.

14 MR. BURNS: Right.

15 MR. FITZGERALD: I would say,  
16 Mark, I think we were talking about the  
17 question of validation and verification.

18 CHAIRMAN GRIFFON: Yes.

19 MR. FITZGERALD: That, which is a  
20 normal element of all the SEC reviews, this

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1 was part and parcel to what they had done, you  
2 all have done, in terms of looking at the  
3 logbooks, the paper, looking at the actual  
4 bioassay records, comparing the two. I think  
5 as you put in the ER, there was a sampling  
6 that was done. It obviously wasn't 100  
7 percent, but there was a sampling that was  
8 done.

9 My question on that was more the  
10 V&V, the validation and verification, for what  
11 we're talking about today which is the  
12 exotics. I mean, did that follow through and  
13 did you find enough data that you can validate  
14 what was in the database, which may be part of  
15 what you are going to be doing in terms of a  
16 comparison of what's in the database. You  
17 might also see, you know, just to answer the  
18 question of V&V, to what extent that was part  
19 of the sampling, and so forth.

20 MR. MACIEVIC: Yes. Okay.

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1                   MR. FITZGERALD: This gets to the  
2 integrity and reliability of the database  
3 question.

4                   CHAIRMAN GRIFFON: Right. How  
5 about for the cesium and for the primary  
6 nuclides, though? You say you went through  
7 that match process that's in the ER? You have  
8 to refresh my memory. But did you look -

9                   MR. MACIEVIC: Yes.

10                  CHAIRMAN GRIFFON: The sampling,  
11 looking back at the logbooks, comparing the  
12 percentage of the --

13                  MR. MACIEVIC: Right. Well, let  
14 me -- Bob, do you want to go through the --

15                  MR. BURNS: I would point out that  
16 was primarily for the earlier data. As of the  
17 nineties or so, the database was the primary  
18 means of recording that information, if you  
19 will.

20                  CHAIRMAN GRIFFON: It went right

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1 into the database, you're saying? Yes.

2 MR. BURNS: That's my  
3 understanding.

4 CHAIRMAN GRIFFON: Okay. But '76  
5 through '88, you did sample?

6 MR. BURNS: I don't know the  
7 specific dates. I would have to pull up  
8 the --

9 CHAIRMAN GRIFFON: I mean at least  
10 post-'76, it's for this SEC period, you  
11 believe?

12 MR. BURNS: I want to say yes, but  
13 I need to verify that.

14 CHAIRMAN GRIFFON: Yes. Okay, you  
15 can check on that, yes.

16 And what radionuclides, the  
17 primaries or --

18 MR. BURNS: That is correct.

19 CHAIRMAN GRIFFON: Cesium? Not  
20 cesium.

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1                   MEMBER BEACH:   It says cesium.

2                   MR. MACIEVIC:   Well, yes, there's  
3                   a --

4                   MR. BURNS:    The earlier data would  
5                   be the so-called TUPo data, the tritium,  
6                   uranium, polonium data.   And then plutonium  
7                   also.   But, then, later would be plutonium,  
8                   uranium, tritium, primarily.   Like I recall  
9                   thorium data, and so forth.   But I mean we are  
10                  talking about in vitro data specifically.

11                  CHAIRMAN GRIFFON:   Right.   Okay.

12                  MR. MACIEVIC:   Well, and as we say  
13                  in the document, that side task for that  
14                  validation process is you've got 100 to 200  
15                  records where LANL had performed analyses for  
16                  analytes such as strontium-90 and mixed-  
17                  fission products, and other than the routine  
18                  nuclides.   So, there were other validations in  
19                  there to see if that materials was in there.

20                  MR. FITZGERALD:   Here's the cite

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1 from, I guess it's from the ER. "From 2000 to  
2 the present, virtually all the data is  
3 validated and verified. From 1990 to 2000, 85  
4 percent was. From '44 to '90, it varies from  
5 25 to 90 percent. Virtually all records of  
6 dosimetric significance have been validated  
7 and verified."

8 So, this is from the Los Alamos --

9 MR. BURNS: I think what that  
10 means is they focused on the positive results,  
11 if you will, or the high numbers.

12 CHAIRMAN GRIFFON: Which is good.

13 Okay.

14 MR. FITZGERALD: And I think what  
15 we're saying is part of what Greg was talking  
16 about, doing a comparison and maybe at the  
17 same time just kind of indicating if that was  
18 included or not in the V&V. Is that possible,  
19 looking at the -- are there records as to what  
20 -- it sounds like everything was V&V'ed after

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1 2000.

2 MR. MACIEVIC: Right. We should  
3 be able to do that.

4 MR. FITZGERALD: But this says  
5 records of dosimetric significance. So, it's  
6 very possible that they may not have risen to  
7 the level of exposures which would be -- I  
8 guess that's something to maybe question.

9 MR. MACIEVIC: Well, yes, we can  
10 look into the whole idea of V&V for the  
11 specific areas, especially looking at exotics.

12 CHAIRMAN GRIFFON: Okay.

13 MR. MACIEVIC: Can you type in  
14 official --

15 CHAIRMAN GRIFFON: Yes, I'm  
16 working on it as we're talking here.

17 (Laughter.)

18 MR. MACIEVIC: I don't think we're  
19 going to get all this in today.

20 MR. FITZGERALD: I think, in

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1       general, this was done rigorously, the  
2       validation. You know, I think the comparison  
3       of the logbooks was done pretty  
4       comprehensively by the lab site.

5                       MR. MACIEVIC: Yes.

6                       MR. FITZGERALD: I don't think  
7       generally there's an issue with it.

8                       CHAIRMAN GRIFFON: And this, I  
9       just went through, if you look at my matrix  
10      item 3, No. 1, I broke that out into 1.1, .2.,  
11      .3., .4 because they are the four bullets that  
12      SC&A listed. Then, I will come back to those.

13                      But No. 2 says, "NIOSH to explain  
14      the drop off in bioassay data over time and  
15      why it was justified from a radiological  
16      operations standpoint."

17                      In other words, this gets back to  
18      the -- well, Joe, maybe you can explain. When  
19      was the drop off? Sometimes in a D&D period,  
20      like Jim mentioned, they --

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1                   MR.     FITZGERALD:            Yes,     what  
2     happened is at most of the DOE sites they took  
3     a hard look at who was being monitored --

4                   CHAIRMAN GRIFFON:    Right.

5                   MR.     FITZGERALD:            And bioassayed.  
6     We interviewed a lot of the guards, for  
7     example.     The current generation, by and  
8     large, were not bioassayed.     There was a  
9     decision that the potential for exposure  
10    didn't support monitoring.

11                   So, there was an appreciable  
12    cutoff on.     You know, it's talking about  
13    bioassays, but it also applies to badging as  
14    well.     Probably in the mid-nineties was the  
15    era.

16                   So, our question was, since these  
17    individuals were monitored and they stopped  
18    being monitored, as far as dose  
19    reconstruction, how is that drop off going to  
20    be addressed, particularly for support service

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1 workers and guards and that group which a lot  
2 of them were taken out of the bioassay  
3 program? There was a question as far as  
4 looking at coworker and looking at dose  
5 assignment, how that was going to be addressed  
6 as far as operational change, actually, a  
7 policy change for the lab.

8 MEMBER BEACH: Joe, you mentioned  
9 the guards. Was it just the guards that were  
10 taken out or were --

11 MR. FITZGERALD: No, it was a  
12 large -- I mean they did it lab-wide, you  
13 know, who really needed to be on bioassay and  
14 made some decisions to take a number of  
15 categories of workers out of bioassay.

16 Now it turns out for TA-55 they  
17 have reversed that and put workers or guards  
18 on that team back on bioassay. So, you know,  
19 it's a changing policy question. It all comes  
20 down to what they weigh is the exposure

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1 potential.

2 But as far as how this is going to  
3 be addressed in the coworker model and all  
4 that, I think that was just a question of the  
5 drop off. The distribution is going to be  
6 different and the categories of workers  
7 involved will be different.

8 My sense is that, unless the  
9 exposure circumstances change dramatically,  
10 you probably have a body of data that can be  
11 used, but you have very little data after that  
12 period.

13 MEMBER LOCKEY: Was that exposure  
14 potential or exposure down at the -- did they  
15 put them on --

16 MR. FITZGERALD: They did an  
17 assessment of what the past history had been  
18 and what sources you were dealing with and  
19 what the practices were. And the presumption  
20 at the time was that we kept, for example, the

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1 guards in, presumably, minimal exposure areas  
2 and they weren't permitted to go into the  
3 exposure areas; bioassay would not be  
4 necessary. That was the guiding principle.  
5 They and others, including support workers who  
6 were seen as not going into areas of potential  
7 exposure, were taken off bioassay as well.

8 I think the concern would be, what  
9 was the driving reason and did that have any  
10 implications for what exposures they may have  
11 been receiving?

12 MEMBER LOCKEY: Let me go back and  
13 ask the question again.

14 MR. FITZGERALD: Yes.

15 MEMBER LOCKEY: Is it based on  
16 modeling or is it based on actual exposure  
17 data?

18 MR. FITZGERALD: I think it was  
19 based on exposure data from past exposures, as  
20 to whether or not it would be warranted. I

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1 mean, if you had an individual who didn't have  
2 any bioassay-positive results for an extended  
3 period of time, then you would have to weigh  
4 whether it would be worthwhile to continue to  
5 include them in the program. And I think a  
6 decision was made at that point in time that  
7 certain categories of workers didn't seem to  
8 have that exposure potential. Therefore, the  
9 bioassay wasn't necessary. That was the  
10 decision that was made.

11 MEMBER BEACH: Doesn't that go  
12 back to the way they set up their program  
13 initially? When you go into ACES, a lot of  
14 times it identifies what your job category is,  
15 what training you need to have. So, a lot of  
16 that is programmatic, isn't it?

17 MR. FITZGERALD: It's  
18 programmatic, but it's also policy. I think  
19 there were a lot of sites that looked at their  
20 policies and made a determination that numbers

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1 of workers that were previously monitored, it  
2 didn't appear to be necessary to continue to  
3 monitor them.

4 And it was a controversial thing,  
5 you know, taking people out of monitoring. I  
6 mean I remember all kinds of flack because  
7 there were questions raised as to whether or  
8 not that was justified. You had sort of a  
9 process of justifying based on not only past  
10 exposure history, but also the procedures for  
11 the workers that were going into operational  
12 areas at the time, that you would have that  
13 assurance that they weren't being exposed to  
14 airborne particulates.

15 MEMBER LOCKEY: So, when you are  
16 talking about that, you're talking about  
17 exposure monitoring, not biological  
18 monitoring?

19 MR. FITZGERALD: Yes.

20 MEMBER LOCKEY: But if they

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1 documented that there's no exposure, based on  
2 the lack of exposure, they eliminated --

3 MR. FITZGERALD: Just operational  
4 considerations, yes. It is still  
5 controversial, and it still raises issues.

6 I know we did talk to a lot of the  
7 guard force and enforcement workers, and they  
8 basically said, well, we haven't done  
9 bioassays for years. But we went back and  
10 looked at the database, and did some sampling  
11 of the database, and up until that time, they  
12 were, in fact, monitored and the results  
13 seemed to follow with --

14 MEMBER LOCKEY: Exposure  
15 monitoring you mean?

16 MR. FITZGERALD: Yes, exposure  
17 monitoring, right.

18 CHAIRMAN GRIFFON: So, I guess the  
19 question is, it's a NIOSH action listed here  
20 to sort of look at that and see whether it was

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1 justified, whether it was a justified change  
2 in policy, right?

3 MR. FITZGERALD: Well, it was a  
4 change in policy, but what the ramifications  
5 are for a coworker model --

6 CHAIRMAN GRIFFON: Right.

7 MR. FITZGERALD: You're going to  
8 be assigned doses forward. And if you have  
9 the guard force showing doses before that  
10 time, what would be the assignment of doses  
11 now that they are not getting any bioassays?

12 CHAIRMAN GRIFFON: Right.

13 MR. FITZGERALD: Is it going to be  
14 the average of the previous years or is it  
15 maybe an operational upper bound? Because  
16 they were in these areas, you know.

17 MR. MACIEVIC: Well, but that  
18 sounds like --

19 MR. FITZGERALD: If you have a  
20 policy decision, I guess the question is, how

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1 do you actually --

2 MR. MACIEVIC: But if you find no  
3 data, if you find that the data is zero, zero,  
4 zero, zero, zero, get rid of the program, then  
5 am I assigning -- I mean it's based on --

6 MR. FITZGERALD: But it wasn't  
7 zero, zero going back previously in time.

8 MR. MACIEVIC: Right, right.

9 MR. FITZGERALD: So, I guess that  
10 is the question: how are you going to --

11 MR. MACIEVIC: But, I mean, like  
12 the previous five years from when they got rid  
13 of the program, and you show five years of  
14 zero data, are we giving -

15 MR. FITZGERALD: It is just --

16 MR. MACIEVIC: Yes, but I am  
17 trying to get in my mind what I'm answering  
18 to --

19 MR. FITZGERALD: What is the  
20 approach going to be for what will be

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1       decidedly a gap?

2                   CHAIRMAN GRIFFON:       What is it?

3       Yes.

4                   MR. MACIEVIC:   Right.

5                   MR. FITZGERALD:   Yes, and this is  
6       not specific to Los Alamos.   I guess it is  
7       sort of something we would find at many sites.

8                   CHAIRMAN GRIFFON:   Right, at many,  
9       yes.

10                  MR. FITZGERALD:   By policy, you  
11       would have taken a whole category of workers  
12       out of the program, and it was a judgment  
13       call.

14                  CHAIRMAN GRIFFON:   Yes, remember,  
15       this isn't just security; we use security  
16       workers as an example.

17                  MR. FITZGERALD:   No.   No, it's a  
18       lot of them.

19                  CHAIRMAN GRIFFON:   But it's a lot  
20       of --

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1                   MR. MACIEVIC:    They did that with  
2                   external dosimetry and everything else.

3                   MR. FITZGERALD:       Right.        The  
4                   numbers of bioassays you see it's a drop off.

5                   DR. NETON:        Yes, we cover that  
6                   with certain approaches.    I mean there would  
7                   be a Class of workers who were not monitored  
8                   who we think should have been monitored.

9                   CHAIRMAN GRIFFON:    Right.

10                  DR. NETON:    A judgment would have  
11                  to be made.    Or didn't need to be monitored  
12                  and then you end up with an environmental  
13                  thing.    So, you've got to make a judgment call  
14                  depending on the worker.

15                  MR. FITZGERALD:    It's a question,  
16                  noticing the distribution of bioassays, that  
17                  they drop off.

18                  MR. MACIEVIC:    We see what the  
19                  issue is.

20                  CHAIRMAN GRIFFON:    Yes, yes.

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1 All right. Then, the third item  
2 was SC&A to review the proof-of-principle  
3 sample cases. Were there some sample cases  
4 that were provided?

5 MR. FITZGERALD: Yes. Actually,  
6 we did that.

7 CHAIRMAN GRIFFON: I'm not sure  
8 how applicable they are now, given that a lot  
9 of things are in flux, but we can see what  
10 you've got.

11 MR. FITZGERALD: If I can find it.

12 CHAIRMAN GRIFFON: Keep in mind  
13 Wanda's a little late for lunch.

14 MEMBER MUNN: Yes.

15 (Laughter.)

16 CHAIRMAN GRIFFON: Go ahead, keep  
17 looking, but I'm just warning you.

18 (Laughter.)

19 MR. FITZGERALD: I'll feel someone  
20 gnawing at my ankle here shortly, right?

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1                   CHAIRMAN GRIFFON:    She checked in  
2   last night and told the front desk that she  
3   was -- what was it? -- mad as a rattlesnake?

4                   MEMBER MUNN:    Yes.

5                   (Laughter.)

6                   CHAIRMAN GRIFFON:    So, I took two  
7   steps back.

8                   (Laughter.)

9                   MR. FITZGERALD:    Let me find that,  
10  and maybe after the break --

11                  CHAIRMAN GRIFFON:    It's a Western  
12  expression, I guess.

13                  Okay, we can do that after lunch.

14                  Let me get through No. 4.    NIOSH  
15  to investigate whether any of the air-sampling  
16  data is available for the nuclides of  
17  interest.  I'm going to refer that to 1 and 2,  
18  obviously.

19                  Let me just go over 1.1, .2, .3,  
20  and .4 real quickly.  Or, actually, well --

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1                   MR. FITZGERALD:       While you're  
2 looking, I do have it here.

3                   CHAIRMAN GRIFFON:   Okay.

4                   MR. FITZGERALD:   I'll just make a  
5 copy of it and pass it around --

6                   CHAIRMAN GRIFFON:   All right. All  
7 right.

8                   MR. FITZGERALD:   After lunch.

9                   CHAIRMAN GRIFFON:   That would be  
10 fine.

11                  MR. FITZGERALD:   We did look for  
12 sample cases.

13                  MEMBER BEACH:    Joe, is that the  
14 May 2010?

15                  MR. FITZGERALD:   Yes.

16                  MEMBER BEACH:    Okay.

17                  MR. FITZGERALD:   Right.

18                  CHAIRMAN GRIFFON:   All right. So,  
19 item 1, and I'll go through these real  
20 quickly. Item 1 was the four bullets from the

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1 third column of the matrix. Because I was  
2 doing this quickly, I just said "C", but  
3 they're a column. But now I'm calling them  
4 1.1, .2, .3, .4.

5 NIOSH needs to further follow up  
6 on this question of saying database. So, I'm  
7 doing a carryover on this one. I say, NIOSH  
8 needs to further followup on this question.  
9 The database is from `76 to `88. Can it be  
10 used for `89 to `05?

11 And I'm not even sure, am I  
12 correctly characterizing that? Is the  
13 database from `76 to `88? Because that was  
14 sort of the first question in the first bullet  
15 there: is this data applicable for the  
16 outyears?

17 MR. FITZGERALD: Right.

18 CHAIRMAN GRIFFON: Joe?

19 MR. FITZGERALD: Yes.

20 CHAIRMAN GRIFFON: Yes.

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1                   MR.     FITZGERALD:         That's     our  
2     understanding of the --

3                   CHAIRMAN     GRIFFON:         I     don't  
4     necessarily expect a response to that, but if  
5     I just want to get the question right right  
6     now.

7                   MR.     FITZGERALD:     Uh-hum.

8                   CHAIRMAN     GRIFFON:     Okay.     That may  
9     be similar to the one we just talked about,  
10    the going forward issue.

11                  MR.     MACIEVIC:     Yes, that is.

12                  CHAIRMAN     GRIFFON:     Yes.     1.2 is  
13    the data sufficiency and adequacy issue.     I  
14    just said that NIOSH will follow up on the  
15    validation of the exotics.     I put that the  
16    primary nuclide validation seems adequate.  
17    SC&A's has reviewed and confirmed this.

18                  Is that fair to say, Joe?

19                  MR.     FITZGERALD:     Yes.

20                  CHAIRMAN     GRIFFON:     Yes.     Yes.

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1                   Item 1.3, I put, "See item 2 in  
2                   the matrix."

3                   Item 1.4, "See item 1 in the  
4                   matrix."

5                   (Laughter.)

6                   So, those are covered.

7                   Then, we'll take up the sample  
8                   ones after lunch.

9                   MR. FITZGERALD:       Yes, I'll go  
10                  ahead and pass this around.

11                  CHAIRMAN GRIFFON:     All right.  
12                  Okay. It is a good time for our lunch break.

13                  Any other?

14                  (No response.)

15                  Okay.        We'll come back to  
16                  neutrons.

17                  (Whereupon,     the     above-entitled  
18                  matter went off the record at 12:10 p.m. and  
19                  resumed at 1:17 p.m.)

20

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1 to the action item No. 3 of matrix item 3.  
2 Joe copied at the lunch break his followup on  
3 the case reviews.

4 And, Joe, maybe you can step us  
5 through what you have here.

6 MR. FITZGERALD: Yes.

7 CHAIRMAN GRIFFON: Yes.

8 MR. FITZGERALD: I think there are  
9 two sample dose reconstruction cases that we  
10 were pointing to on the O: drive which NIOSH  
11 identified. We took a look at those. Those  
12 were plutonium intake cases.

13 And that probably is the root of  
14 maybe a continual concern, which goes back to  
15 what we talked about earlier today. We found  
16 no issue with how dose reconstruction was done  
17 or anything, but we would still question how  
18 that is going to be applied as a substitute  
19 primary for the exotics, which is what we  
20 talked about earlier.

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1                   So, in terms of the sample, the  
2                   sample was for Pu. I guess the only thing I  
3                   would say is that, when you go through your  
4                   comparison, we would like to see something for  
5                   the exotic, a sample for the exotic itself,  
6                   which is, I guess, what we talked about in the  
7                   previous action.

8                   So, really, again, no issue with  
9                   how the dose reconstruction was done for the  
10                  two samples. I think it lays it out pretty  
11                  much there. But the question still revolves  
12                  around, can you substitute that for the  
13                  exotics?

14                  And the other two action items, of  
15                  course, also came out of the last Work Group  
16                  meeting.

17                  CHAIRMAN GRIFFON: Okay. So, I am  
18                  going to say SC&A found no issues with the  
19                  approach in the sample cases.

20                  MR. FITZGERALD: But the sample

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1 cases were Pu.

2 CHAIRMAN GRIFFON: Right. Yes.

3 MR. KATZ: So, how many other  
4 sample cases are we looking for?

5 CHAIRMAN GRIFFON: Well, I think  
6 that depends on the exotics, right?

7 MR. FITZGERALD: Yes. I mean the  
8 context we are focused on is the exotics.

9 CHAIRMAN GRIFFON: Right.

10 MR. FITZGERALD: I don't think we  
11 have any argument with the primary.

12 CHAIRMAN GRIFFON: But I don't  
13 necessarily even think that we need a sample,  
14 if we just can see the method being used for  
15 the exotics.

16 MR. FITZGERALD: The method is  
17 what we're after.

18 CHAIRMAN GRIFFON: Yes.

19 MR. FITZGERALD: I think at the  
20 time, during the Work Group meeting, it was

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1 sort of like, if we could look at a couple  
2 samples, that might calibrate us. But I think  
3 it just sounds like a better approach to  
4 actually look at the availability of the  
5 data --

6 CHAIRMAN GRIFFON: Yes.

7 MR. FITZGERALD: Compared against  
8 the air sampling.

9 MR. KATZ: Okay. So, that's  
10 already covered.

11 CHAIRMAN GRIFFON: And that's  
12 covered in their options.

13 MR. FITZGERALD: That's covered  
14 already, right.

15 CHAIRMAN GRIFFON: Yes.

16 Of course, you have all my notes.

17 What's obvious now may not be obvious in four  
18 months.

19 (Laughter.)

20 MEMBER LOCKEY: That's pretty

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1 good, four months, not one week for me.

2 CHAIRMAN GRIFFON: Yes. Yes, or  
3 in a week.

4 MEMBER MUNN: Tomorrow morning.

5 CHAIRMAN GRIFFON: Okay. I think  
6 we are ready to move on to No. 4. And this is  
7 related to the neutron dose reconstruction.

8 I think there was only one action  
9 that I had listed anyway. Oh, but it's  
10 referring back to SC&A's three items.

11 MR. FITZGERALD: Not to beat a  
12 dead horse, but these are four traditional  
13 questions --

14 CHAIRMAN GRIFFON: That come up,  
15 yes.

16 MR. FITZGERALD: On N/P ratios  
17 that we have raised in other SECs, which is  
18 when you are dealing with NTA film, how does  
19 the dose reconstruction take consideration of  
20 some of these adjustment factors that you

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1 would have with NTA?

2 So, we can go through them. I  
3 think we went through them at the last Work  
4 Group meeting. I think the outcome was that  
5 NIOSH was going to clarify exactly how those  
6 were treated in terms of the energy dependency  
7 issues, the fading issues. These are pretty  
8 much, I guess we have raised these almost in  
9 every single SEC almost.

10 CHAIRMAN GRIFFON: So, is there  
11 any information on this at this point?

12 MR. MACIEVIC: Oh, well, I have on  
13 this issue -- what is it? Page 7 of the  
14 report I sent out.

15 Basically, as we discussed --

16 CHAIRMAN GRIFFON: My battery is  
17 down. My battery is down. I just noticed it.

18 MR. MACIEVIC: It's lunch time;  
19 that's the problem.

20 CHAIRMAN GRIFFON: Yes, yes.

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1                   MR. MACIEVIC:    The issues that we  
2                   talked about last time, we had said that we  
3                   were making a distinction between the  
4                   dosimetry system being able to -- whether it  
5                   needed correction as far as being a TBD issue  
6                   versus an SEC issue.

7                   And what I provided in here is  
8                   basically an outline of all the activities of  
9                   things that have been done to the dosimetry  
10                  system in discussions by LANL over the last  
11                  several years, up to 1995, to show that, one,  
12                  the issue was in the minds of LANL, that they  
13                  were adjusting their dosimetry, remodeling.

14                  When you get into the post-`75  
15                  period, I worked up this table on page 13.  
16                  This is based on all of the claimant  
17                  dosimetry, neutron dosimetry records. We have  
18                  a database that was developed a few years ago  
19                  that pulls in all the external dosimetry from  
20                  all the sites, all the data that is being

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1 entered in the past and currently being  
2 entered today. And it's pulled into the  
3 computer database for each site, and the data  
4 is put into these particular categories of the  
5 neutron dose, the photon dose, extremity dose.

6 And all that is in the database for all the  
7 claimants for all the sites.

8 So, I took for LANL all the  
9 claimants' neutron dosimetry over the years  
10 for the period of '76 to 1995 and computed --  
11 well, page 14 has the little graph with it --  
12 but I computed the average, standard  
13 deviation, and then the average plus standard  
14 deviation, the number of positive readings,  
15 and the number of claimant IDs that were used.

16 That's not the number of claimants. Each  
17 claimant may have had several doses over the  
18 years, over a particular year, adding to that  
19 number that you see there.

20 So, what you see is, from '76

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1 through '79, or the '79 period, when the new  
2 dosimetry system comes in, if you look at the  
3 number of positive readings on the dosimeters,  
4 which is all I look at, positive neutron  
5 doses, looked at that value, and you come  
6 between '79 and '80, that number jumps by a  
7 factor of like three to five, the number of  
8 positive readings that they got on their  
9 dosimetry after installing the new dosimetry  
10 system.

11 So, what that immediately first  
12 tells you is, yes, something occurred. It is  
13 seeing more neutrons. The number of zeroes  
14 are going down. The number of positives have  
15 gone up.

16 And I put the number of claimant  
17 IDs -- and I'll get to about gamma dose in a  
18 second because I didn't have that on this  
19 chart because I just got that a couple of days  
20 ago -- but the number of claimant IDs, to show

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1 that the number of claimant IDs that are being  
2 used is essentially the same all through the  
3 period from '76 through, basically, 1987, 1988  
4 time period. They're about the same.

5 What you see is that the positive  
6 readings stay quite high all through that  
7 period. They start to drop off in time, and  
8 the reason that the number of positive  
9 readings or, well, the number of claimant IDs  
10 drops off in time is because, as you go later  
11 in the time period, you've got less and less  
12 claimant IDs, number of claimants involved in  
13 those years.

14 But what you see is the doses do  
15 stay roughly about constant, even when you go  
16 through the second crossover period, which is  
17 in 1989-1990, when the new dosimetry came in  
18 using the NTA that had the desiccant and the  
19 TLD system as well. So, that was there. They  
20 said now we've essentially gotten rid of the

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1 fading issue.

2 But, as you notice on the chart,  
3 as you look at the number of positive doses, I  
4 mean it does decrease some, but you are not --  
5 what you would expect to see if there were  
6 large components of radiation dose being,  
7 neutron dose being missed, you would see at  
8 that point either some kind of spike in the  
9 number of positive readings or the average  
10 value of those readings increase because  
11 you're seeing more dose associated with  
12 something occurring.

13 And I also have the gamma on  
14 there, which, like I said, is not in the  
15 report. But the gamma dose, in order to check  
16 that, okay, there might have been something  
17 operational going on at the time where you  
18 were starting to see more gamma dose. The  
19 number of positive photon doses basically  
20 ranges from '76 through '82, is the period I

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1 took as it crosses over in there, in that  
2 crossover period.

3 You have number of positives as  
4 786, 688, 497, 543, 684, 943, 785. So,  
5 they're all not even a factor of two off from  
6 each other. So, you have the number of  
7 positive photon doses do not really increase  
8 or decrease. So, the photon dose is staying  
9 the same.

10 You cross the transition period  
11 where they put in a new TLD for the neutron.  
12 The number of positive neutrons jumps up. The  
13 photons basically stay the same. So, again,  
14 this is an arm-waving approach because you  
15 haven't gone to every other thing.

16 But, to me, you would see, expect  
17 to see also some kind of spike or transition  
18 occurring in the period where now we're saying  
19 that the dosimeter in 1989-1990, that this  
20 dosimeter is seeing a lot more as a better

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1 dosimeter.

2                   There's really no changes in the  
3 neutron doses that are there, the average or  
4 the standard deviation. You're staying within  
5 the same bounds.

6                   So, what this whole picture points  
7 out to me is that the neutron dosimeter, as is  
8 being stated in these action items or in the  
9 statements from SC&A, is that there's  
10 something defective about that dosimeter  
11 because of the fading issue. But when the  
12 fading issue is corrected in the 1990s, you  
13 are not suddenly seeing more neutron dose or a  
14 major change in what's being recorded.

15                   And now with the new dose in the  
16 transition period from '89 to '90, that is  
17 still higher than -- well, it starts to drop  
18 off later because you start, in the later  
19 years, as you get into the late nineties, your  
20 number of activities and things started

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1 changing. So, you can't go too far out in it.

2 But in the two transition periods,  
3 you see a distinct transition in the `79-80  
4 period, and you really don't see any  
5 transition between the `89 and `90 period.  
6 That, to me, says that there is not a major  
7 problem with the dosimeter.

8 What it does say is that you can  
9 have issues about it being a dosimetry issue  
10 to either add more dose or do something to it,  
11 but that the period between `80 and `90 does  
12 not have something super-odd about it that  
13 would say, well, you are missing things. If  
14 anything, the doses are much higher in that  
15 period. So, it looks like the dosimeter is  
16 actually overresponding as far as some of the  
17 values that are on there.

18 So, without getting into the  
19 dosimeter itself and its functioning, I don't  
20 see you have a -- now the N/P ratio issue, I

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1 would not extrapolate. What I would do is  
2 extrapolate from the period just beyond the  
3 changeover in the 1980-81 period and use that  
4 N/P ratio to go backwards, with the amount of  
5 data we have to go back for the two or three  
6 years. You need to go previous, as to correct  
7 for the pre-TLD area for the three or four  
8 years that you've got.

9

10 MR. FITZGERALD: I guess my  
11 reaction would be, yes, I think sort of in a  
12 very macro, empirical -- I understand where  
13 you're coming from, but this is really, I  
14 think, a very specific question.

15 One is you are using the 25 years  
16 to, in essence, back-extrapolate that  
17 experience for the '75 to '79, whatever it is.

18 And the only question we raise is, can one  
19 establish that the operations, you can  
20 normalize the operations so that it would make

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1       that       back-extrapolation       or       back-usage  
2       legitimate because of the energy dependence  
3       issues and things like that?

4                   MR. MACIEVIC:     Well, I wouldn't  
5       extrapolate all those years.     I would use  
6       these years --

7                   MR. FITZGERALD:    Just the last --

8                   MR. MACIEVIC:     Just the beyond.

9                   MR. FITZGERALD:    Just beyond?

10                  MR. MACIEVIC:     Right.

11                  MR. FITZGERALD:    Okay.

12                  MR. MACIEVIC:     Not 25 years.  
13       Because, yes, as you start moving into the  
14       later years, into the late, the mid-  
15       nineties --

16                  MR. FITZGERALD:    Right.

17                  MR. MACIEVIC:     And then the 2000s,  
18       the operational issues really --

19                  MR. FITZGERALD:    But that wasn't,  
20       in the ER, if I'm not mistaken, that wasn't

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1 really clear, that you were just going to use  
2 -- and that makes more sense to me -- just use  
3 the successive years that would be closer in  
4 the way of operations and energy.

5 MR. MACIEVIC: Right.

6 MR. FITZGERALD: So, this  
7 clarifies the fact that you're going to use  
8 some subset -- maybe it's three; maybe it's  
9 five years -- following 1979 --

10 MR. MACIEVIC: Right.

11 MR. FITZGERALD: And use that  
12 operational period to back-apply the --

13 MR. MACIEVIC: Right.

14 MR. FITZGERALD: Again, I think  
15 you have to kind of take a look and make  
16 sure --

17 MR. MACIEVIC: Well, you can look  
18 at the operational type of thing --

19 MR. FITZGERALD: That's right.

20 MR. MACIEVIC: As a backup check

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1 to see that, for the period you're talking,  
2 over that transition from the `78 to `82 time  
3 period, that you're not having something very  
4 odd occurring.

5 MR. FITZGERALD: Well, I think  
6 that's what we're coming to, Mark, on that  
7 particular issue, is just getting away from  
8 applying something that was so broad and  
9 lengthy timewise. I think this would be a  
10 better strategy.

11 The other issue is just simply on  
12 the fading question. As we were just saying,  
13 there's a time period before they put the  
14 desiccant in and did things like that where  
15 the adjustment factor would need to reflect  
16 whatever was going to be missed. I don't  
17 think that is going to be a hard thing to do,  
18 but it just seems like it needs to be part of  
19 the approach.

20 MR. MACIEVIC: Right, and I agree.

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1       That is the dosimetry issue that you can look  
2       at, take into account the fading that would  
3       have been and apply it back to that period.

4                   MR. FITZGERALD:     Right.     This is  
5       part of the "how to" thing that we wanted to  
6       raise.     These are the same issues we raised in  
7       other SECs, as to how would one accommodate  
8       the energy dependence and the fading as far as  
9       the dose reconstruction approach.

10                   And it wasn't evident or it wasn't  
11       clear enough for us in the ER or it raised  
12       questions.     I think that's what we wanted to  
13       get, is some specific answer on that.

14                   And the things that we had in the  
15       matrix I thought pretty well captured the  
16       question.     I think you're giving us some of  
17       the answers or at least some of the approaches  
18       that you're proposing.

19                   So, you are going to limit the  
20       back-application of the -- what do you call

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1       it? -- the neutron dose records to those four  
2       or five years, I guess it is four years,  
3       between '75 and '79, or something like that?

4                   MR. MACIEVIC:    '76.

5                   MR. FITZGERALD:   '76 through '79?

6                   MR. MACIEVIC:    Right.

7                   MR. FITZGERALD:   Which I think is  
8       a more reasonable strategy.

9                   And you are going to validate that  
10       nothing       operationally       is       dramatically  
11       different.

12                   MR. MACIEVIC:    Right.

13                   MR. FITZGERALD:    And the second  
14       thing is, on the fading, you are going to look  
15       at pretty much what adjustment factor would be  
16       necessary for that 10-year period, I guess --

17                   MR. MACIEVIC:    Yes, it's pretty  
18       close.

19                   MR. FITZGERALD:    That 10-year  
20       period where fading would have been an issue?

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1                   MR. MACIEVIC:   Right, through that  
2                   until they get the new dosimetry, which takes  
3                   care of that.

4                   MR. FITZGERALD:   Right.    Right.  
5                   Okay.

6                   CHAIRMAN GRIFFON:   Say those two  
7                   things again, Joe.   NIOSH intends on limiting  
8                   the --

9                   MR. FITZGERALD:    Well, on the  
10                  energy dependence question that was raised, I  
11                  think what Greg is saying, that they are going  
12                  to limit the back-application of the neutron  
13                  dose experience from what looked like 25  
14                  years.    In other words, taking all the data  
15                  past 1980 and applying that for `76 through  
16                  `79.

17                  I think what Greg is saying, no,  
18                  we recognize that energy dependence is an  
19                  issue and, from an operational standpoint,  
20                  truncate that down to, I don't know, three,

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1 five years -

2 MR. MACIEVIC: Yes, right.

3 MR. FITZGERALD: Whatever it is,  
4 and use that because that would be closer to  
5 the energy spectrum that you would have seen  
6 in that four-year period.

7 And he's also talking about  
8 validating to make sure that nothing major  
9 changed operationally that would give you  
10 different energy levels during those four  
11 years. We are talking about '76 through '79.

12 It is a piece of this time period after the  
13 SEC that isn't covered necessarily by --

14 MR. MACIEVIC: Right. Because you  
15 definitely have the issues with just the  
16 NTA --

17 MR. FITZGERALD: Right.

18 MR. MACIEVIC: And no TLDs to back  
19 it up.

20 MR. FITZGERALD: Yes, NTA was used

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1 exclusively up to '80. So, we are trying to  
2 cover that four years -- or I guess it's three  
3 or four years -- four-year period.

4 And I think what he's proposing is  
5 an approach to mitigate the energy dependence  
6 question.

7 But what you're going to do, I  
8 think, is come back and propose whatever time  
9 period you're going to use, and then also  
10 validate that the operational changes weren't  
11 significant?

12 MR. MACIEVIC: Right. To fill  
13 that in to make sure that -- that's the other  
14 hole that there was --

15 MR. FITZGERALD: Right.

16 MR. MACIEVIC: Nothing going on to  
17 give you some bogus reason why this --

18 MR. FITZGERALD: Right.

19 MR. MACIEVIC: Stayed the way it  
20 was.

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1                   MR. FITZGERALD:     And the second  
2     issue deals with the fading factor on NTA.  
3     After 1980 --

4                   MR. MACIEVIC:     Well, basically `80  
5     to `90.

6                   MR. FITZGERALD:         Yes, after  
7     1990 --

8                   MR. MACIEVIC:     Right.

9                   MR. FITZGERALD:     They were aware  
10    that this problem may be contributing to the  
11    fading and provided a --

12                   CHAIRMAN GRIFFON:    Since 1990, you  
13    said?

14                   MR. FITZGERALD:     Yes.     And it  
15    provided a desiccant, what have you, to  
16    alleviate the fading issue. So, we have a 10-  
17    year period for which you are going to have to  
18    adjust for the fading factor.

19                   Like I said, again, I think  
20    there's enough information; you can go back

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1 and apply an adjustment factor.

2 MR. MACIEVIC: I think so.

3 MR. FITZGERALD: You lost some of  
4 the edges. So, the adjustment factor would  
5 increase the dose proportionately.

6 MR. MILES: Do we think that --  
7 I'm not intimately familiar with the neutron  
8 dosimetry, that process, how they implemented  
9 it. But they were clearly aware of fading  
10 back in -- I'm looking at 1971 documents that  
11 talk about NTA film fading at DP, Los Alamos,  
12 and here's one, another one.

13 I know that LANL had some good  
14 external dosimetrists at the time that were in  
15 the forefront of neutron dosimetry. Were  
16 there no adjustments or no considerations of  
17 fading? Do we believe there's no adjustments  
18 to the fading for the dose of record that is  
19 in the books?

20 MR. MACIEVIC: Well, so far, I

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1 have not found -- I had been looking for some  
2 kind of smoking gun that says, you know,  
3 here's how we were correcting the problem.

4 CHAIRMAN GRIFFON: In other words,  
5 they were problem-correcting?

6 MR. MILES: It seems hard to  
7 believe that if they were clearly aware of  
8 this as a problem, that they wouldn't have  
9 implemented some -- if they knew it was way  
10 off, it seems like --

11 CHAIRMAN GRIFFON: Right.

12 MR. MILES: They would have had  
13 some correction tool --

14 MR. FITZGERALD: Well, I think  
15 that's a legitimate issue. I mean, clearly,  
16 if we can find documentation that indicates  
17 that, then --

18 MR. MILES: They would have done  
19 something --

20 CHAIRMAN GRIFFON: Yes.

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1                   MR. MILES:        To get something  
2                   surrendered, I would think.

3                   MR. MACIEVIC:    But even if we go  
4                   find something that says it, I don't think  
5                   this would be a -- well, you know, the  
6                   correction factor is not going to be huge,  
7                   either, because, as you can see with these  
8                   doses, obviously, this is just the average and  
9                   standard deviations.

10                  But you don't see any big, wide  
11                  spread, and, of course, this is over all the  
12                  readings and all that, but you are not seeing  
13                  this small number here, and then, all of a  
14                  sudden, you get this large value which you are  
15                  going to have to correct a lot for the  
16                  previous 10 years. If anything, it will be a  
17                  small factor that's not -- you are not going  
18                  to be pushing these doses up to hundreds of  
19                  millirem. It will go up to --

20                  MR. KATZ:        Unless they had been

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1 using a correction factor, and then, when  
2 they dealt with the fading problem, they would  
3 no longer be correcting for it. So, that  
4 might be why you had constant numbers, right?

5 DR. NETON: It's a possibility.

6 MR. MACIEVIC: When you look at  
7 the '76-77 time period, of the average dose  
8 and all that, it is much lower than some of  
9 the other ones in the region. So, it may have  
10 or may not have had something there. So, the  
11 best thing to do is to --

12 MR. FITZGERALD: Well, given the  
13 time frame, too, you know, we didn't have a  
14 chance to hone-in on some of the specific  
15 questions. But this would be a question one  
16 could ask the dosimetry program, and I think  
17 from a historical standpoint you could  
18 probably just see, yes, here's the technical  
19 document which lays out the external dosimetry  
20 for neutrons, and it includes an adjustment

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1 factor, or it does not and we didn't do that  
2 until -- you know, I think the context is more  
3 of a Site Profile-type context in the sense  
4 that, sure, we want to make sure the "T's" are  
5 crossed, but, clearly, there's a pathway to  
6 dose reconstruction on the neutrons. So, keep  
7 that in context.

8 CHAIRMAN GRIFFON: And what about  
9 the N/P ratio question?

10 MR. FITZGERALD: Well, I think  
11 that was --

12 CHAIRMAN GRIFFON: Is that  
13 separate from the first?

14 MR. FITZGERALD: No, I think that  
15 was more -- let's see. I think that was the  
16 question in the ER. We were looking for some  
17 validation or justification on the assumption  
18 that you could back-apply -- we just talked  
19 about that -- back-apply the data from '79  
20 forward back to that four-year period.

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1                   CHAIRMAN GRIFFON:     So, it's that  
2     four-year period?

3                   MR. FITZGERALD:     Yes.     We could  
4     not find supporting information that would  
5     justify using that large a stretch on the N/P  
6     ratios.  I think what Greg is suggesting, that  
7     there's no reason to try to apply such a  
8     lengthy period to things, a shorter  
9     operational period right after '79 and some  
10    validation that the operations did not change.

11                  CHAIRMAN GRIFFON:     So, the model  
12    for those four years is going to be to use N/P  
13    ratios?

14                  MR. MACIEVIC:     Right.

15                  CHAIRMAN GRIFFON:     I didn't know  
16    if you were going to do it like a coworker  
17    model.

18                  MR. MACIEVIC:     No.     We've got  
19    enough coworker models as it is right now.

20   (Laughter.)

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1                   CHAIRMAN GRIFFON:     I guess the  
2 first action I would have, then, is that you  
3 have to show us this method, right? Like what  
4 are the N/P -- beyond describing it, how are  
5 you going to get the N/P ratios? I mean, are  
6 they going to be --

7                   MR. MACIEVIC:    Oh, I will have to  
8 go to the actual neutron data and pull out and  
9 go with the gamma.

10                  CHAIRMAN GRIFFON:   Right.

11                  MR. MACIEVIC:     Get the neutron  
12 data, develop that, the N/P ratio for the  
13 three to four, five years after --

14                  CHAIRMAN GRIFFON:   Yes.

15                  MR. MACIEVIC:     And then applying  
16 it to the four years before.

17                  CHAIRMAN GRIFFON:   But I think  
18 you're missing -- well, possibly. I mean  
19 that's why I want to see the model, because,  
20 in my opinion, that might be missing a big

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1 step, which is, are you just doing a site  
2 average of all neutrons divided by a site  
3 average of all photons for the time period?

4 MR. MACIEVIC: No. I did that,  
5 but --

6 CHAIRMAN GRIFFON: You did that?  
7 Okay.

8 MR. MACIEVIC: No.

9 CHAIRMAN GRIFFON: Right.

10 MR. MACIEVIC: This would try to  
11 be more specific.

12 CHAIRMAN GRIFFON: Would it be  
13 area-by-area? Would it be --

14 MR. MACIEVIC: Yes, I've got to  
15 see exactly how the data in there is set.

16 CHAIRMAN GRIFFON: Right.

17 MR. MACIEVIC: And try to break it  
18 into more of a regional thing than to just say  
19 here's one big site average.

20 CHAIRMAN GRIFFON: Right.

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1                   MR. MACIEVIC:     Because there are  
2     reactors and there are --

3                   CHAIRMAN GRIFFON:   Right.

4                   MR. MACIEVIC:     You know, the LAMPF  
5     area.   I mean, if anything, to have to have  
6     the LAMPF --

7                   CHAIRMAN GRIFFON:   And the ratios  
8     are going to vary all over the place, right.

9                   MR. MACIEVIC:     Right.

10                  CHAIRMAN GRIFFON:    Because that's  
11     what we want to see, is just the methodology  
12     there.

13                  MR. MACIEVIC:     Because the ratio  
14     goes in 1976; this is for the whole divide --  
15     the whole neutron by the whole gamma for all  
16     that.   It's .69, and then, up in 1982, it's  
17     2.36, if you just did a ratio of everything  
18     sitewide.

19                  CHAIRMAN GRIFFON:    Right, right.

20                  MR.    MACIEVIC:        I'm   sure,   in

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1 between, if you look at LAMPF for particular  
2 situations and reactors for particular  
3 situations, you will see that there.

4 And with these people, and knowing  
5 we can get to what their tasks were, we can, I  
6 believe, get, since it's based on the  
7 claimant, put them into particular areas and  
8 try to group out in different groups, so that  
9 they take the neutron doses and fill them in  
10 correctly.

11 CHAIRMAN GRIFFON: And this is '76  
12 to '79? I just want to get it right.

13 MR. MACIEVIC: Yes, the N/P ratio,  
14 yes, based on the three to five years after  
15 that.

16 MR. MILES: Here's a 1971 document  
17 that talks about they did studies on NTA film  
18 fading. For six hours, 1.62, let's see, two  
19 weeks, four weeks, and it looks like a  
20 conclusion out of that was to raise the dose

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1 conversion factor from 0.16 rem per track to  
2 0.024 rem per track, effective July 1971, for  
3 the DP facility only.

4 Then, in '73, there's another  
5 article here. They're talking about NTA film  
6 use at LAMPF, and they did a lot of different  
7 measurements, multi-sphere measurements, and  
8 talk about coming up with a rem-per-track  
9 neutron conversion factors.

10 So, it looks like they had  
11 facility-specific rem conversion factors that  
12 did consider the issue of fading. Obviously  
13 they knew it was a problem. I would think  
14 that that fading issue wouldn't be consistent  
15 throughout the year because I think it's  
16 pretty dry at Los Alamos some parts of the  
17 year and not so dry other parts. I don't know  
18 if they accounted for that, how that worked.

19 CHAIRMAN GRIFFON: I think it's  
20 like Joe said -

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1                   MR. FITZGERALD: Yes, I think it's  
2 pretty clear they recognized the issue and  
3 resolved the issue by 1990. So, we're just  
4 trying to step back and say, did you go back,  
5 you know, at what point did you actually make  
6 adjustments? And if we can ascertain that,  
7 then this would make some sense as far as  
8 where we would need to put an adjustment  
9 factor in.

10                   MEMBER MUNN: It looks like in '70  
11 and '71.

12                   MR. MACIEVIC: Yes.

13                   CHAIRMAN GRIFFON: Okay. I think  
14 that's it.

15                   MR. FITZGERALD: Yes, the context  
16 was just clarifying what we couldn't quite put  
17 our finger on in the ER.

18                   CHAIRMAN GRIFFON: Yes.

19                   MR. FITZGERALD: That's pretty  
20 much where we are on the neutrons, not to say

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1       that it is a non-tractable issue, as John  
2       would say. I think it's very tractable.

3                       I thought he would be here. So, I  
4       can steal his thunder.

5                       (Laughter.)

6                       CHAIRMAN GRIFFON: So, I have two  
7       remaining actions on it, then, I think. It is  
8       that NIOSH would provide specific methodology  
9       for applying the N/P ratio that appeared from  
10      `76 to `79. NIOSH intends on limiting the  
11     back-application of this data to three to five  
12     years after the period of interest. NIOSH  
13     will validate that operational changes were  
14     not significant over the period of time  
15     proposed.

16                      And then, two, NIOSH will adjust  
17     for fading for the period from `80 to `90.  
18     NIOSH will provide the basis for the  
19     conversion factor.

20                      MR. KATZ:            Although not

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1 necessarily adjust for fading.

2 CHAIRMAN GRIFFON: If necessary.

3 Right. If determined necessary.

4 Is that it, Joe, for that?

5 MR. FITZGERALD: That is it for  
6 that one.

7 CHAIRMAN GRIFFON: All right.  
8 Anybody else have any actions they want to add  
9 for that?

10 (No response.)

11 I didn't think so.

12 All right, Wanda, so you want to  
13 add another action?

14 MEMBER MUNN: No. It sounds  
15 reasonable to me to verify that it actually  
16 was being considered.

17 MEMBER LOCKEY: I'm sorry, I  
18 didn't hear what you said. Say it again?

19 MEMBER MUNN: That it actually  
20 would be considered as being addressed,

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1       although not well-documented.

2                   MEMBER LOCKEY:   Right.

3                   MR. FITZGERALD:     But all those  
4       memos you cited in your tables, none of them  
5       addressed that issue, apparently?

6                   MR. MACIEVIC:     Well, that's it. I  
7       mean they don't say, "Here's the correction we  
8       did."

9                   MR. FITZGERALD:   Right.

10                  MR. MACIEVIC:     But like other  
11       things, they're pointing to things --

12                  MR. FITZGERALD:   Right.

13                  MR. MACIEVIC:     But they never say  
14       specifically until you get to -- well, in a  
15       couple of things they --

16                  MR. FITZGERALD:     They never  
17       specifically say, "This is what we're going to  
18       do about it."

19                  MR. MACIEVIC:     Right. Right. So,  
20       I think it could be clarified by looking

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1 through some more of these documents.

2 CHAIRMAN GRIFFON: All right, now  
3 No. 5. I'm not sure if this doesn't overlap  
4 with our discussion. I'm on to matrix item 5,  
5 if that's okay.

6 Does this overlap with our  
7 discussion earlier for the LAMPF and LANSCE  
8 facilities, Joe, or is this different stuff?

9 MEMBER MUNN: It sure seems to.

10 MR. FITZGERALD: Actually, this  
11 got conflated with the previous one. The  
12 issues at LANSCE and LAMPF were the incidental  
13 exposure of ironworkers that were stationed on  
14 the LANSCE site.

15 CHAIRMAN GRIFFON: Okay.

16 MR. FITZGERALD: And one  
17 particular individual was expressing concerns  
18 that the ironworkers after LANSCE was  
19 constructed and operating -- you know, this is  
20 the upgraded LANSCE --

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1 CHAIRMAN GRIFFON: Okay.

2 MR. FITZGERALD: That they were  
3 staying in trailers that were located right  
4 behind the beam stop in target area A.

5 CHAIRMAN GRIFFON: That's right.

6 MR. FITZGERALD: And there's  
7 concern about both the potential for direct  
8 radiation from the beam stop as well as  
9 uptakes from --

10 CHAIRMAN GRIFFON: A holding pond.

11 MR. FITZGERALD: There was a  
12 retention pond that was located right adjacent  
13 to the trailers where, apparently, fairly high  
14 levels of tritium were disposed. It was an  
15 evaporation pond, essentially, for tritium-  
16 containing liquids.

17 And we spent a great deal of time  
18 talking to the HPs and the LAMPF operators  
19 about the question, saying, you know, it's  
20 maybe a legitimate issue, but it would seem

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1       there had to be a lot of data. This is one  
2       where you have an operating accelerator, and  
3       from my experience, you had a lot of  
4       measurements taken around the beam stops. In  
5       fact, the design is all calibrated on  
6       maintaining certain exposure levels.

7                   And we looked at that question,  
8       and at least from the external standpoint, saw  
9       no reason why your external radiation sources  
10      would be different than what the TLDs they  
11      were wearing -- they were wearing TLDs --  
12      would have seen and would have been recorded.

13      So, from the external standpoint, we didn't  
14      see any potential for exposure that would not  
15      have been reported on their badges, the TLDs.

16                   On the internal side, however,  
17      this question of a lot of liquid being -- and  
18      LAMPF did process a number of coolant systems,  
19      what have you, that were very highly  
20      contaminated with tritium. They did pipe it

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1 out, and they did use evaporation to get rid  
2 of it.

3 So, the concern about maybe having  
4 an immersion dose of tritium in that area  
5 where they were stationed -- it wasn't the  
6 best pot, I think, to stick people in terms of  
7 trailers, but it was temporary housing, as it  
8 were, for these support workers.

9 And we were looking for in this  
10 case just source-term information, saying,  
11 okay, you have this retention pond. You do  
12 have outflow in terms of contaminated liquids  
13 with tritium. Something like that in the  
14 modern era, you would be taking samples. If  
15 nothing else, RCRA, some of their  
16 requirements, you would be taking samples of  
17 the pond, getting concentrations.

18 So, we were looking for that data  
19 to put that issue to bed when we were  
20 interviewing. We actually had a manager from

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1 LANSCE who said, "Yes, we have that data."

2 And that's exactly what you want to hear.

3 So, we said, "Can you get it for  
4 us?" He said he would, and that's the last we  
5 ever heard from him. The followup, the lab  
6 wasn't going to release the data.

7 So, we have put the issue down as  
8 an issue or a question, but are aware of the  
9 fact that there is, in fact, source  
10 information of what kind of concentrations  
11 here we're talking about in this retention  
12 pond. So, I think there is a pathway to  
13 actually doing a calculation or an estimation,  
14 and there might even be some grab samples over  
15 that as well.

16 But we weren't successful in our  
17 foray in getting our hands on any of that  
18 data. So, where we stand right now suggests  
19 that, at least from the internal standpoint,  
20 that there was a potential pathway for these

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1 workers. We think that there must be a way to  
2 obtain the data, according to the source, and  
3 make some kind of upper-bound estimation that,  
4 if you were immersed in whatever was being  
5 evaporated off in terms of tritium, this would  
6 be the maximum exposure you could expect,  
7 since they weren't bioassayed. That would  
8 probably be the pathway for a dose  
9 reconstruction.

10 And this was specifically cited by  
11 an ironworker, and he has filed claims. This  
12 is sort of a gap. It's a gap in the data.

13 So, that is kind of where this  
14 thing came out. It's an uptake question  
15 regarding the retention pond at LAMPF, a  
16 question of what would be the immersion dose  
17 due to tritium to workers that would have been  
18 stationed adjacent to this pond.

19 And I think in our piece that we  
20 presented there's a map and everything, but,

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1 again, it is right beside target area A, right  
2 beside the retention pond. They were  
3 relatively close.

4 But you have to look at prevailing  
5 winds and a number of other issues. You  
6 know, it's something that I think is doable,  
7 but you need data.

8 MR. MACIEVIC: Would it be  
9 possibly a good idea -- because before we  
10 start developing models that we will all be  
11 discussing whether or not they're valid -- to  
12 try to get maybe DOE and someone else to push  
13 the idea of getting them to release this  
14 information?

15 MR. FITZGERALD: I agree  
16 wholeheartedly. We pushed from our  
17 standpoint, and we're now saying --

18 DR. NETON: Yes, we can take that.

19 MR. FITZGERALD: Yes, like I said,  
20 I think it's definitely doable. I just think

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1 that the data has to be obtained. Once one  
2 establishes, you could do that --

3 MR. MACIEVIC: Could you send me  
4 an email or something with the name of the  
5 person and all that?

6 MR. FITZGERALD: I sure can, yes.

7 MR. MACIEVIC: Then, we can go and  
8 start from our end and start pushing this.  
9 Because if he is saying the data is there and  
10 all that, why not just try to beat them to  
11 give the information --

12 MR. FITZGERALD: Right.

13 MR. MACIEVIC: Instead of going  
14 through the whole thing of validating models  
15 and --

16 MR. FITZGERALD: I've taken our  
17 position unless we get no.

18 (Laughter.)

19 It's kind of like, okay, we'll  
20 then bounce it to the agency, and the agency

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1 can go further.

2 But, again, I think I would  
3 suggest that it is doable. Once one  
4 demonstrates the bounding approach to what  
5 looks like a gap in the bioassay information,  
6 I think that goes away.

7 MR. MACIEVIC: Sure.

8 DR. NETON: So, let me see. I can  
9 understand the tritium to some extent, but the  
10 note here talks about, "and other  
11 radionuclides." We are trying to grasp what  
12 we are talking about for other radionuclides.

13 MR. FITZGERALD: Yes. It was an  
14 effluent stream from the LAMPF. It was mostly  
15 tritium, but --

16 DR. NETON: But, as far as I know,  
17 no other nuclides that are volatile would be  
18 immersing them in a cloud, other than tritium.

19 MR. MILES: This was just for  
20 evaporation from the pond, right, Joe?

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1 DR. NETON: You can't evaporate  
2 cesium from a pond.

3 MR. MILES: Yes.

4 CHAIRMAN GRIFFON: They are saying  
5 from the dried-out pond, is the note I have,  
6 but the soil --

7 MR. MILES: Oh, the scavenging of  
8 the soil?

9 CHAIRMAN GRIFFON: I guess.

10 MR. FITZGERALD: Well, the pond  
11 wasn't always -

12 MR. MILES: The pond would dry up  
13 maybe.

14 MR. FITZGERALD: The pond wasn't  
15 always wet, but --

16 MR. MILES: Yes. Maybe the wind  
17 was blowing.

18 MR. FITZGERALD: If you can  
19 imagine the sort of stream where it goes out  
20 in the pond, evaporates, becomes dry, more

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1 comes in, you know, it's a dynamic --

2 DR. NETON: I was reading the  
3 strict comment, "immersion and whatever  
4 airborne tritium or other radionuclides."

5 CHAIRMAN GRIFFON: Yes.

6 MR. MILES: But we don't know the  
7 extent or the maximum contamination levels in  
8 this pond. You've got a table here --

9 MR. FITZGERALD: I'm sorry. Where  
10 are we?

11 MR. MILES: You've got a table in  
12 the SC&A report, page 36. It shows the south  
13 lagoon. Am I looking at something that's  
14 different? It shows like 8 microcurie per  
15 liter. Is that just a value or is that, do we  
16 believe, is like a maximum?

17 MR. FITZGERALD: No, that's a  
18 value. Like I said, we were looking for the  
19 records.

20 DR. NETON: This person had

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1 indicated that they had bioassay data or pond-  
2 monitoring data?

3 MR. FITZGERALD: It's pond-  
4 monitoring data. No, there is no bioassay  
5 data.

6 MR. MILES: So, we're concerned  
7 that the levels may be much higher than 8  
8 microcurie per liter?

9 MR. FITZGERALD: Yes. I mean sort  
10 of the question is, if you have the pond data,  
11 that would give you by year, I would assume,  
12 because you're taking continuous samples, that  
13 would give you a bounding estimate of what the  
14 most they could have been exposed to.

15 With tritium, my gut says it  
16 wouldn't be much because you would have  
17 dispersion; you would have wind direction.

18 CHAIRMAN GRIFFON: Right.

19 MR. FITZGERALD: I mean there are  
20 some factors that you plug into it.

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1                   MR. MILES:    You know, these levels  
2   aren't very high.    I mean 10 microcurie per  
3   liter --

4                   MR. FITZGERALD:  Right.

5                   MR. MILES:    If somebody ingested a  
6   whole liter --

7                   MR. FITZGERALD:  Yes.

8                   MR. MILES:    You're talking about a  
9   millirem, a fraction of a millirem.

10                  CHAIRMAN GRIFFON:  Right.

11                  MR. FITZGERALD:       I think this  
12   could be the staff --

13                  MR. MILES:    So, the levels had to  
14   be much, much higher.

15                  MR. FITZGERALD:       Just like the  
16   external was, but it was an explicit question  
17   raised by an ironworker who was actually there  
18   who filed a claim.       So, it seems like  
19   something -- there was no bioassay records --  
20   just to settle it.

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1                   CHAIRMAN GRIFFON:     It seems like  
2 something that could be closed out pretty  
3 quickly, if you get the pond data and those  
4 levels.

5                   MR. MILES:       Or higher than this  
6 maybe --

7                   CHAIRMAN        GRIFFON:           Right.  
8 Exactly.

9                   MR.         MILES:           These     are  
10 representative to the upper levels, I would  
11 think.

12                  MR. FITZGERALD:   Really, if the  
13 data exists, let's get the data and do it.  
14 Unfortunately, I am still not quite sure why.  
15 He seemed to be pretty enthusiastic when I  
16 asked him.

17                  MR. MACIEVIC:     We talked to him  
18 several times as well.

19                  MR. FITZGERALD:   I suspect it went  
20 up the management chain.

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1                   CHAIRMAN GRIFFON:       I'm looking  
2 back to your items in the matrix.

3                   MR. FITZGERALD:   Right.

4                   CHAIRMAN GRIFFON:   And a lot of it  
5 references to the neutron question, too.

6                   MR. FITZGERALD:   No, no. I think  
7 the table got conflated, meaning that some of  
8 those issues are identical to the ones that  
9 were in the previous one.

10                  CHAIRMAN GRIFFON:       They're just  
11 for LAMPF in general, you mean?

12                  MR. FITZGERALD:   No. The neutron  
13 ones were for neutrons, and LAMPF just  
14 specifically addressed --

15                  MR. KATZ:            They just got  
16 transposed here.

17                  MR. FITZGERALD:       They got  
18 transposed somehow. I'm looking at this  
19 version of the matrix. The previous didn't  
20 have that.

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1                   CHAIRMAN   GRIFFON:        They    look  
2   different to me.   It says use of only 1 NCF,  
3   the use of a single NCF of .2 for --

4                   MR.   FITZGERALD:    It looks like a  
5   repeat of the --

6                   CHAIRMAN   GRIFFON:   For LAMPF is not  
7   appropriate.

8                   DR.   NETON:         No,    no,    they're  
9   different issues.

10                  CHAIRMAN   GRIFFON:    It's a specific  
11   issue.

12                  MR.   FITZGERALD:    I'll go back and  
13   take a look.

14                  CHAIRMAN   GRIFFON:        Lack    of  
15   details.  I mean some of them overlap with the  
16   neutron stuff --

17                  MR.   FITZGERALD:    Yes.

18                  CHAIRMAN   GRIFFON:        We    just  
19   discussed, but that one, the first one in  
20   particular, it questions the use of --

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1                   MR. FITZGERALD:       Okay, you're  
2                   right.

3                   CHAIRMAN GRIFFON:       Of the 1  
4                   neutron correction factor.

5                   MR. FITZGERALD:       So, this is the  
6                   neutron question overlaid with the LANSCE  
7                   facility.

8                   CHAIRMAN GRIFFON:       So, my action  
9                   for that was that NIOSH will follow up on this  
10                  as part of the response to item 4, matrix item  
11                  4.

12                  MR. FITZGERALD:       Yes.

13                  CHAIRMAN GRIFFON:       Because where  
14                  I've asked you to explain how you're going to  
15                  do the N/P ratio --

16                  MR. FITZGERALD:       Yes.

17                  CHAIRMAN GRIFFON:       I think, like  
18                  you said, Greg, you are going to look at what  
19                  groups go together. So you can capture that.

20                  MR. FITZGERALD:       And the other

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1 three parts of this that were identical to the  
2 previous --

3 CHAIRMAN GRIFFON: The other parts  
4 look --

5 MR. FITZGERALD: Yes, the same.

6 CHAIRMAN GRIFFON: Like they're  
7 covered in item 4?

8 MR. FITZGERALD: Right.

9 CHAIRMAN GRIFFON: Covered in item  
10 4? Okay.

11 MR. FITZGERALD: Okay.

12 CHAIRMAN GRIFFON: Yes, I think  
13 the other ones are covered in item 4 as well.

14 Jim, did you look through those?

15 DR. NETON: Yes.

16 MEMBER MUNN: I think the holding  
17 pond is the big thing.

18 CHAIRMAN GRIFFON: Yes, I just  
19 caught that one.

20 MR. FITZGERALD: Yes, there's one

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1 that is different than the preceding. I think  
2 that ties to the fact that the energy spectrum  
3 at LAMPF is obviously going to be much  
4 different than a lot of the other facilities.

5 So, I need to at least email you  
6 some identifying information and contact  
7 information.

8 MR. MACIEVIC: Right. So we can  
9 contact someone. We need to get that pushed  
10 through.

11 MR. FITZGERALD: Do you want the  
12 worker identification information?

13 MR. MACIEVIC: Yes, we might as  
14 well go with that.

15 MR. FITZGERALD: You got that,  
16 Mark?

17 CHAIRMAN GRIFFON: Yes.

18 MR. FITZGERALD: Okay. We'll take  
19 that action.

20 CHAIRMAN GRIFFON: All right.

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1 Well, for the second one I have NIOSH will  
2 follow up with DOE on the sampling data  
3 available for the holding pond to determine if  
4 sufficient data exists to characterize the  
5 source-term and has to be able to bound  
6 potential exposures.

7 Potential tritium exposures?  
8 Should we narrow it to just tritium?

9 MR. FITZGERALD: Tritide.

10 Now do you want to start that  
11 issue?

12 MEMBER MUNN: No, he's still --

13 MR. FITZGERALD: You're still --

14 CHAIRMAN GRIFFON: I was saying,  
15 from the holding pond, potential tritium  
16 exposures? Have we decided that this other --

17 MR. FITZGERALD: The other  
18 nuclides was more resuspension particulates.

19 CHAIRMAN GRIFFON: Right.

20 MR. FITZGERALD: But I think the

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1 major issue is the tritium.

2 CHAIRMAN GRIFFON: I'm just asking  
3 if the other is still in here or not.

4 MR. FITZGERALD: Well, we put the  
5 other in only because the pond is dry  
6 between --

7 CHAIRMAN GRIFFON: Right.

8 MR. FITZGERALD: So, there's other  
9 constituents. Maybe it's just a factor of  
10 clarifying whether tritium is, in fact, the  
11 nuclide of concern for inhalation. We  
12 couldn't discern that looking at it.

13 DR. NETON: Well, I don't know if  
14 they are going to have -- this guy is talking  
15 about data for the pond. They probably have  
16 water samples. I don't know that he has soil.

17 MR. FITZGERALD: Well, we didn't  
18 know, either, and that's what we were trying  
19 to find out, if they had it.

20 MR. MACIEVIC: Find out what the

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1 nature of the data is. Your resuspension  
2 model --

3 MEMBER BEACH: And then, Joe,  
4 you're going to give NIOSH the contact  
5 information?

6 MR. FITZGERALD: Yes, yes.

7 Certainly, the broader issue is  
8 you have got the ironworkers' station next to  
9 the retention pond. What could they have been  
10 exposed to?

11 DR. NETON: Was this a retention  
12 pond posted as a contamination area? Or does  
13 anyone know?

14 MR. FITZGERALD: I don't know that  
15 specifically.

16 MEMBER MUNN: I thought this was  
17 just effluents from the --

18 MR. FITZGERALD: Accelerator.

19 MEMBER MUNN: The accelerator.

20 DR. NETON: Oh, the accelerator.

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1                   MEMBER MUNN:     If it's just the  
2     effluent from the accelerator, then --

3                   DR. NETON:     It is probably going  
4     to be a lot of very short-lived stuff.

5                   MR. FITZGERALD:   I don't think so.  
6     It is going to be mostly tritium. Tritium  
7     was the actor at LAMPF.

8                   CHAIRMAN GRIFFON:   Okay. I'll put  
9     it in there, and if they don't respond to it,  
10    you can just say --

11                  DR. NETON:           The accelerator  
12    effluent I'm not worried about.

13                  CHAIRMAN GRIFFON:   Right.

14                  MEMBER MUNN:     I don't expect they  
15    would be getting any significant -

16                  CHAIRMAN GRIFFON:   Exactly. Okay.

17                  MR. FITZGERALD:   The only asterisk  
18    is the target, whatever targets they might  
19    have been using. But, again, that's usually  
20    sealed.

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1 DR. NETON: They're sealed.

2 MR. FITZGERALD: Yes.

3 CHAIRMAN GRIFFON: Okay. No. 6, I  
4 think we're ready for No. 6 This is the  
5 tritium coming up.

6 MR. FITZGERALD: Yes, the stable  
7 tritium compounds. I think you rightfully  
8 noted that we're grappling heartily with that  
9 at Mound.

10 The only issue I think for Los  
11 Alamos is to pin down exactly what compounds  
12 are of relevance at LAMPF. I don't think that  
13 has been done. Or at least it could not be  
14 done in the ER.

15 So, we can grapple with the  
16 dosimetry questions, I think, at Mound, but I  
17 think in the meantime characterizing the  
18 source-term that we are talking about would be  
19 useful.

20 DR. NETON: Yes, I'm looking at

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1 this, and this seems to be talking about --

2 CHAIRMAN GRIFFON: This is focused  
3 on the other, yes.

4 DR. NETON: The special tritium  
5 compounds that are formed from elemental  
6 tritium interacting with metals in the  
7 workplace.

8 CHAIRMAN GRIFFON: Right.

9 DR. NETON: To my knowledge, those  
10 are all Type M or F. They are very few Type S  
11 tritium compounds.

12 MR. FITZGERALD: There's other  
13 issues we can't discuss.

14 DR. NETON: Okay.

15 MR. FITZGERALD: But I think those  
16 are the ones that we would be most concerned  
17 about.

18 DR. NETON: So, in that case,  
19 that's a crisp -- it's not a very difficult  
20 adjustment to model, then, the Type M. The

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1 dose doesn't go up that much.

2 MR. FITZGERALD: We're not saying  
3 it was Type S, but, again --

4 DR. NETON: Right, but I mean I  
5 can't believe that elemental tritium would  
6 interact with metals in the workplace and  
7 create these very insoluble like hafnium  
8 tritides. There's only a couple of forms of  
9 tritium tritides that are super-insoluble, to  
10 my knowledge. I don't have a clearance, so  
11 maybe I'm missing something here.

12 But to suggest that elemental  
13 tritium diffusing around the site is creating  
14 these highly insoluble tritides doesn't seem  
15 credible to me.

16 MEMBER MUNN: It seems unlikely.

17 MR. FITZGERALD: Well, you do have  
18 a diffusion issue as a source, but I think  
19 that's going to be superseded by the S types  
20 that exist.

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1 DR. NETON: Well, that's what I'm  
2 saying, because the note, as it reads here,  
3 talks about STCs produced through diffusion;  
4 absorption activity of elemental tritium can  
5 impact a larger population. That's the issue  
6 here.

7 CHAIRMAN GRIFFON: Right. The  
8 issue is the impact or the who.

9 DR. NETON: Right. And what I'm  
10 saying, though, is that is a --

11 CHAIRMAN GRIFFON: Yes.

12 DR. NETON: It's not a significant  
13 -- there is a difference, but if you model it  
14 as a moderately-soluble tritium, you don't end  
15 up with these massive doses like you do in  
16 what you're talking about.

17 CHAIRMAN GRIFFON: The question I  
18 have is, is there an action that I missed in  
19 this, Joe? Is there the normal question that  
20 we always have with the other tritides?

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1                   MR. FITZGERALD:     Yes, it is a  
2                   normal question that we ask, but the question  
3                   here is there's two parts to this thing. One  
4                   is to characterize the source-terms, compounds  
5                   involved, which I think, again, needs to be  
6                   done both on the classified side --

7                   CHAIRMAN GRIFFON:    Okay.

8                   MR. FITZGERALD:           And the  
9                   dosimetric aspect of this, I agree, we're kind  
10                  of -- I don't know if we're getting closer.  
11                  We're grappling with it at Mound, and I think  
12                  that will inform what we are talking about  
13                  here.

14                  CHAIRMAN GRIFFON:    Yes.

15                  MR. FITZGERALD:     But I think it  
16                  helps to have this part.

17                  MR. MACIEVIC:     Look at the source-  
18                  term.

19                  MR. FITZGERALD:     Well, make sure  
20                  that we nail down the source-term at LANL

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1 because LANL is implicated. It is just a  
2 question of which ones we are talking about  
3 and where, and, you know, the usual questions.

4 CHAIRMAN GRIFFON: Right.

5 MEMBER MUNN: So, is there  
6 anything else we should do in between now and  
7 the time Mound tells us --

8 MR. FITZGERALD: Yes, that's what  
9 I'm just saying.

10 MEMBER BEACH: Characterize.

11 MR. FITZGERALD: We should  
12 characterize the sources at Los Alamos in a  
13 way that would enable whatever attention  
14 needed, once we figure out this whole thing at  
15 Mound.

16 MEMBER MUNN: But you would think  
17 they would be considerably smaller than at  
18 Mound. Wouldn't there be a smaller number --

19 MR. FITZGERALD: It's different.  
20 It's different operationally than at Mound.

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1                   MEMBER MUNN:        Yes, a smaller  
2                   number of potential compounds is what I'm  
3                   saying. Wouldn't you think?

4                   MEMBER BEACH:     And you said it  
5                   needed to be done for the unclassified and the  
6                   classified versions?

7                   MR. FITZGERALD:    I think we're  
8                   talking mostly the classified side.

9                   MEMBER BEACH:     Okay. That will  
10                  make it more --

11                  MS. ROBERTSON-DEMERS:   This is  
12                  Kathy Robertson-DeMers.     Can I make a  
13                  clarification here?

14                  MR. KATZ:        Yes, go ahead, Kathy.

15                  MS. ROBERTSON-DEMERS:   Actually,  
16                  iron oxide tritide in the DOE manual is  
17                  classified as a Type S. I just wanted to make  
18                  you guys aware of that. You know, this is  
19                  rust.

20                  So, I don't think it's fair to say

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1 that all of the tritides that may be formed as  
2 a process of diffusion and reactivity are Type  
3 M.

4 DR. NETON: Well, I'm not sure  
5 about that, Kathy. We have to take a look at  
6 it. I mean, yes, it's bound to some iron, but  
7 is it sufficiently tightly bound to -- you  
8 have to distinguish between the mobility of  
9 the tritium itself and the rust particle  
10 itself. I think we need to take a closer look  
11 at that.

12 I would be very surprised if that  
13 tritium behaved like a tightly-bound hafnium  
14 tritide. If it did, I think they might have  
15 used it for other applications, to be honest  
16 with you.

17 CHAIRMAN GRIFFON: Fine. We can  
18 follow up on that.

19 DR. NETON: We can follow up.

20 MS. ROBERTSON-DEMERS: Okay.

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1                   CHAIRMAN GRIFFON:    And, Joe, when  
2    you say characterize, you're talking about all  
3    the sources, other sources that they used at  
4    the site and how and where?

5                   MR. FITZGERALD:    The identity of  
6    the compounds --

7                   CHAIRMAN GRIFFON:    Yes.

8                   MR. FITZGERALD:    Solubility -

9                   CHAIRMAN GRIFFON:    The same stuff  
10   we went through with Mound?

11                  MR. FITZGERALD:    Yes, we did that  
12   on the first part, and now we're dealing with  
13   the second part.  But I think the first part  
14   would be useful to do in the meantime, while  
15   we are trying to decide what the dosimetric  
16   approach would be for that.

17                  CHAIRMAN GRIFFON:    All right.

18                  MR. FITZGERALD:    Now I might add,  
19   there's not very many sites where you deal  
20   with the S.  I think LANL, Mound, maybe one

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1 other site is it.

2 CHAIRMAN GRIFFON: So, I just put  
3 that NIOSH needs to characterize and determine  
4 dosimetric approach for all tritides at LANL.  
5 Most of the discussion will have to be in a  
6 classified setting.

7 MR. FITZGERALD: Yes.

8 CHAIRMAN GRIFFON: All right.  
9 That's action 2, and action 1 is the  
10 byproducts stuff.

11 All right, I think that's it for  
12 No. 6, right?

13 MR. FITZGERALD: Yes.

14 CHAIRMAN GRIFFON: Moving right  
15 along, No. 7, this is the service personnel  
16 question.

17 MR. FITZGERALD: Yes, we had no --

18 DR. NETON: Okay, we have talked  
19 about this, I think, which is the decrease in  
20 the number of bioassay-monitored individuals

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1 and a discussion of why it was or was not  
2 appropriate, and what dosimetric implications  
3 it has.

4 CHAIRMAN GRIFFON: Yes. Do you  
5 remember what number? I want to reference  
6 back to the actions.

7 MR. MACIEVIC: It was 3, I guess.  
8 No. 3?

9 CHAIRMAN GRIFFON: Three, NIOSH  
10 will determine the drop off in bioassay data  
11 and justify radiologic -- okay. Item 3,  
12 action item 2. Matrix item 3, action item 2.

13 Does that cover all that, Joe? I  
14 just want to make sure we're not missing  
15 something.

16 MR. FITZGERALD: Yes, I mean,  
17 based on the petition and discussions with  
18 Andrew and others, we went ahead and actually  
19 sampled 30 claimant files that dealt with  
20 guards and firefighters and support service

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1 personnel. This was between '76 and 2005.

2 Again, it was not a broad  
3 analysis, but 30 is a fair number. We found  
4 that the monitoring that was done and the  
5 results seemed to equate to the kind of work  
6 that they were involved with. It wasn't  
7 strictly by category. Clearly, there was a  
8 hazard analysis and people were monitored  
9 based on the type of work they were doing.

10 The observation that we came up  
11 with is what was said before. That being  
12 said, these bioassays, by and large, ceased  
13 except for some limited workers after -- what  
14 time period was that? -- the mid-nineties, I  
15 believe.

16 The implication we are left with  
17 is, if in fact there is an approach for that  
18 time period, then we don't see any pronounced  
19 issue here.

20 DR. NETON: You're talking about

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1 after the mid-nineties?

2 MR. FITZGERALD: I can go back  
3 and --

4 DR. NETON: It says mid-nineties.

5 MR. FITZGERALD: I can go back and  
6 check the exact date.

7 MR. MACIEVIC: Yes.

8 MR. FITZGERALD: It's mid-nineties  
9 when they backed off. Usually, most sites, it  
10 was the D&D era, not necessarily LANL, but D&D  
11 everywhere, where they --

12 DR. NETON: Yes, this is also in  
13 the 835 compliance, is it not?

14 MR. FITZGERALD: Yes, 100  
15 millirem.

16 DR. NETON: Yes. So, there,  
17 presumably, should be a Technical Basis  
18 Document that --

19 CHAIRMAN GRIFFON: Exactly.

20 MR. FITZGERALD: I think so.

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1 DR. NETON: Discusses the  
2 rationale behind this.

3 MR. FITZGERALD: I think so, and I  
4 think this was, looking at the petition, in  
5 particular, and support service workers, I  
6 think this was the remaining issue or  
7 question, was just to pin that down a little  
8 bit better, so that we feel secure about that  
9 lack of bioassay.

10 That's the feedback we got from  
11 most interviews, was nobody was on bioassay,  
12 where at one time they were, that issue, yes.

13 Of course, this doesn't supplant  
14 the questions we raised earlier on the exotics  
15 and what have you, where you do have those  
16 issues, obviously, in terms of potential  
17 exposures.

18 CHAIRMAN GRIFFON: All right. I  
19 think we're on to the last item. I don't even  
20 have it numbered here.

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1                   But at the end of our last  
2 meeting, Andrew raised several things that I  
3 think he felt were not covered in our  
4 discussions so far or points he found in  
5 reviewing the ER. We agreed that we should  
6 follow up on these.

7                   So, I'll go through these, and  
8 then I know you sent out additional  
9 information. So, anytime it's relevant here,  
10 you can chime in and then add on if you have  
11 others.

12                   But the first item was a  
13 discrepancy between the two reports. I don't  
14 know, Greg, if you had a chance to respond to  
15 any of these?

16                   MR. MACIEVIC: No.

17                   CHAIRMAN GRIFFON: Okay. All  
18 right.

19                   MR. MACIEVIC: Yes, we have not.

20                   CHAIRMAN GRIFFON: Some of these I

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1 think are clearly just questions. He points  
2 out an apparent discrepancy from the previous  
3 SEC report, ER report, versus this current  
4 one.

5 I think you just want  
6 clarification on that, right?

7 MR. EVASKOVICH: Well, I think I  
8 got that -- I as talking to Joe on the side,  
9 that was concerning the difference between the  
10 two notebooks. There was a reference to 1980,  
11 was when they were switched over, and one said  
12 1990. But I guess the information that would  
13 be contained in those notebooks or logbooks  
14 has actually been included or incorporated in  
15 OTIB-62, we said?

16 MR. FITZGERALD: It was a bioassay  
17 development program, a data-based development  
18 program that was based on the logbooks,  
19 information from the logbooks.

20 So, I think you have two periods,

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1 one period where, as I understand it, all the  
2 information was in the logbooks and nowhere  
3 else. Then, there was a period -- and correct  
4 me, Greg -- where LANL itself began to put  
5 data directly into their own database, which I  
6 think is this 1990 period, or whatever.

7 And then, there is a third stage  
8 where NIOSH stepped in with the lab and  
9 created this in vivo database. So, we think  
10 of three time periods, and I believe that's  
11 the case.

12 Is that right? Am I representing  
13 that?

14 MR. MACIEVIC: Right, yes.

15 MR. EVASKOVICH: So, I'm thinking  
16 that it really is a non-issue because it's  
17 incorporated in the OTIB.

18 CHAIRMAN GRIFFON: Okay. All  
19 right. So, we'll say no further action on  
20 that one, for 1.1.

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1 All right. The second item is a  
2 concern raised about exotic radionuclide  
3 exposure at the firing sites. So, it is still  
4 regarding exotics, but go ahead. Maybe you  
5 can expand on this.

6 MR. EVASKOVICH: Well, just I  
7 haven't seen anything yet. When they were  
8 doing the meeting last January, when they were  
9 discussing the report, I got a chance to talk  
10 to Bob Burns. And he said, well, yes, they  
11 did use exotics at the firing sites.

12 So, that's why I raised that  
13 question. It's because I go back to the air  
14 monitoring or the environmental air monitoring  
15 problems that they had. So, I think that is a  
16 pathway that needs to be looked at. I don't  
17 know if that's been addressed or will be  
18 addressed.

19 MR. MACIEVIC: Well, that's  
20 something we would have to look at --

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1                   CHAIRMAN GRIFFON:    Okay.

2                   MR. MACIEVIC:    Because we haven't  
3                   addressed that.

4                   CHAIRMAN GRIFFON:   All right.

5                   MEMBER BEACH:    So, is that for the  
6                   whole time period, the '76 to 2005?  Or do we  
7                   know?

8                   MR. EVASKOVICH:   I don't know.  He  
9                   had mentioned it.  Because, first of all, I  
10                  don't know if I have the clearance for it.  I  
11                  do have a clearance, but, you know, "need to  
12                  know."  And it was in a public environment.  
13                  So, I didn't push for the issue because  
14                  knowing the nature of the exotics work, I just  
15                  raised it as a question, I think, to be looked  
16                  at.

17                  CHAIRMAN GRIFFON:   Bob, are you on  
18                  the phone?  Is Bob --

19                  MR. BURNS:        I am.

20                  CHAIRMAN     GRIFFON:        Can    you

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1 elaborate on that at all?

2 MR. BURNS: Not a whole lot. I  
3 would say, recognize a lot of materials that  
4 were used at the firing sites. There were  
5 activities out there that were -- I've got to  
6 be careful what I say, but --

7 CHAIRMAN GRIFFON: Yes, yes.

8 MR. BURNS: It's not everything  
9 was done in such a manner that material was  
10 dispersed.

11 CHAIRMAN GRIFFON: Okay. We'll  
12 leave it at that and let you follow up on  
13 that, so we don't --

14 MEMBER BEACH: Well, then, who  
15 worked at the firing sites? That's another  
16 question I would have. Was there service  
17 workers?

18 MR. EVASKOVICH: Yes.

19 MEMBER BEACH: Okay.

20 MR. EVASKOVICH: Because sometimes

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1 they did station guards out there. They did  
2 have firefighters out there because they had  
3 incidents of them having to put out fires  
4 afterwards.

5 Then, the whole issue of  
6 protective equipment that was discussed when  
7 Greg came out to meet with us. They didn't  
8 wear protective equipment because it's a wild  
9 land fire, which is different from a  
10 structural fire.

11 Additionally, afterwards, laborers  
12 would be assigned to clean up the areas, and  
13 either they would use rakes and shovels all  
14 the way up to large equipment in order to move  
15 parts around or do cleanup activities.

16 Then, there's a question, most of  
17 that -- well, the ones that I talked to said,  
18 when we did this, no, we didn't have any PPE  
19 for cleanup afterwards. So, you're dealing  
20 with potentially large pieces to be picked,

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1 all the way down to the smaller particulate  
2 could be disturbed from the soil and then  
3 resuspended. So, there is that issue, aside  
4 from what actually would have been dispersed  
5 through the explosion, which I also discussed  
6 in the petition.

7 So, I think that's why that's an  
8 issue.

9 CHAIRMAN GRIFFON: All right.  
10 Let's look at No. 3, which is badge access to  
11 areas. Petitioner disputes the argument that  
12 this completely restricted personnel from  
13 certain areas.

14 I had a question mark on this one  
15 because I'm not sure I captured your thought  
16 correctly there.

17 MR. EVASKOVICH: Well, I think  
18 it's more to determining how people who were  
19 in these areas were potentially exposed. I  
20 mean, how are you going to place somebody near

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1 a --

2 CHAIRMAN GRIFFON: Yes. I think  
3 this gets back to the who, who was in a  
4 certain area to be exposed.

5 MR. EVASKOVICH: Yes, and just  
6 making that determination. I just kind of  
7 said, well, if you look at the badging process  
8 and the recordkeeping, I'm not too sure about  
9 which areas, what kind of control they had or  
10 what kind of recordkeeping they had as far as  
11 people accessing the areas.

12 CHAIRMAN GRIFFON: I guess this  
13 might not require an action, unless NIOSH  
14 intends on using those in any way to place  
15 workers for exotic exposure, reconstruction,  
16 or whatever.

17 DR. NETON: We hadn't anticipated  
18 that.

19 CHAIRMAN GRIFFON: Right. But, I  
20 mean, I think it's just a --

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1                   MR. EVASKOVICH:    I think they're  
2 more referring to the checklist --

3                   CHAIRMAN GRIFFON:    The checklist,  
4 right.

5                   MR. EVASKOVICH:    And the RWPs and  
6 stuff.

7                   But I just want to have that  
8 clarified, I think, or just reach an  
9 understanding as to how they are going to say  
10 a service worker was or was not exposed to  
11 these radionuclides. You know, how are they  
12 going to make that determination?

13                   CHAIRMAN GRIFFON:    Right.

14                   MR. EVASKOVICH:    And then, I'm  
15 saying there could be problems associated at  
16 least with the badging process, if they were  
17 to use that approach.

18                   CHAIRMAN GRIFFON:    I'm just going  
19 to put in the action:    NIOSH will consider  
20 this in their overall determination of

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1       considering who potentially was exposed to  
2       various radionuclides.

3                       In other words, if you're not  
4       going to rely on it, it's a non-issue. But if  
5       you end up in any way using this access, you  
6       know, badge access as a key to -- so, it's  
7       important if you use it. If not, it's not  
8       applicable, I guess.

9                       DR. NETON: Okay.

10                      CHAIRMAN GRIFFON: Okay. All  
11       right. The next item is item 4, and I did say  
12       -- you said, during the meeting, you had  
13       mentioned NIOSH, that a new Environmental  
14       Report will be available soon. I think that  
15       meant the section of your --

16                      MR. MACIEVIC: Right. Yes, that  
17       section was issued, and since we made an SEC,  
18       the previous SEC, we had environmental issues  
19       that would have had to have been considered on  
20       dose reconstruction. But since that's all now

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1       SEC for everybody, those issues are no longer  
2       involved and the report, the environmental TBD  
3       is out, or had been issued a while back.

4                   CHAIRMAN GRIFFON:    Andrew, do you  
5       have any followup on this?

6                   MR. EVASKOVICH:    Which one are we  
7       talking about?

8                   CHAIRMAN GRIFFON:    Four.

9                   MEMBER BEACH:    No. 4.

10                  MR. EVASKOVICH:    Well, mine is  
11       showing considering the occupational health  
12       reports.

13                  CHAIRMAN        GRIFFON:                Yes,  
14       occupational health reports.    Somehow I was  
15       tying that -- oh, maybe I meant questions  
16       raised, but that's No. 5, Greg, that you're  
17       responding to, and I skipped 4 accidentally.  
18       Sorry about that.

19                  So, my response up under April  
20       29th should have been No. 5.    I'll change

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1 that.

2 Let's go back to 4. I'm sorry.

3 Four is the occupational health reports, yes.

4 MR. EVASKOVICH: Yes, that was  
5 just because they do have a question there  
6 that they asked us to fill out concerning  
7 exposures to radionuclides and the toxic  
8 chemicals.

9 That's why I was wondering,  
10 because they were talking about the  
11 checklists, and, you know, it's in the form of  
12 a checklist and people self-report what they  
13 have been exposed to. So, I wasn't sure what  
14 they were talking about, and they kept  
15 referring to these exposures, these  
16 checklists.

17 CHAIRMAN GRIFFON: I think we'll  
18 answer this question when we have you look at  
19 the checklist versus the database, right?  
20 That's going to put an end to that, I would

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1 think, when we see that analysis and you  
2 look --

3 MR. MACIEVIC: Well, the health  
4 physics checklists are definitely, I mean,  
5 they're set up -

6 CHAIRMAN GRIFFON: Yes.

7 MR. MACIEVIC: Because they are  
8 talking about bioassay is needed and all that.

9 CHAIRMAN GRIFFON: Right.

10 MR. MACIEVIC: So, it's not a  
11 system of you doing it. It's part of the  
12 program to say, "Here, this is what you're  
13 going to need for going into this type of  
14 job."

15 So, it wouldn't be a self-  
16 reporting.

17 MR. EVASKOVICH: Yes, it's a  
18 different type of --

19 CHAIRMAN GRIFFON: It is  
20 different? Okay.

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1                   MR. EVASKOVICH:    It's a different  
2    type of capture there.    I think they're just  
3    looking    from    the    occupational    health  
4    standpoint, you know --

5                   CHAIRMAN GRIFFON:   Right.

6                   MR.    EVASKOVICH:        I think to  
7    determine whether or not I guess treatment or  
8    further investigation is necessary as opposed  
9    to controls.    Would that be an administrative  
10   control, the checklist?

11                  MR. MACIEVIC:    Well, I wouldn't --  
12    yes,    I    guess    you    would    call    it    an  
13    administrative control because it is a form  
14    that is filled out by health physics to say  
15    what's in there.

16                  MR. EVASKOVICH:    Yes.

17                  MR. MACIEVIC:    But it's not a --  
18    well, I guess, for lack of a better term --

19                  CHAIRMAN GRIFFON:    So, what about  
20    these occupational health reports?    Are they

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1 not relied on at all?

2 MR. MACIEVIC: We haven't been  
3 looking at those.

4 CHAIRMAN GRIFFON: Yes. I'm not  
5 familiar with them.

6 MR. MACIEVIC: It's been the  
7 quarterly reports from the health physics  
8 organizations and all of that --

9 CHAIRMAN GRIFFON: Right.

10 MR. MACIEVIC: And the health  
11 physics checklist itself, not an occupational  
12 report. I mean, if anything, they would be  
13 used as sort of a backup to different things,  
14 if you wanted to.

15 MR. EVASKOVICH: Well, yes, like I  
16 said, I don't think it would be a reliable  
17 source even.

18 MR. MACIEVIC: Right.

19 MEMBER BEACH: Well, but isn't  
20 this kind of part of the one prior to that,

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1 the badging access? Because you said that  
2 they use that for the required badging.

3 MR. EVASKOVICH: Well, no, the  
4 areas are different because of different  
5 security levels. You know, there's different  
6 controls there for security purposes, and then  
7 there are some for training. You swipe the  
8 badge and determine whether or not your  
9 training is up-to-date. If it's not up-to-  
10 date, you don't get into the area.

11 But, you know, I was questioning  
12 whether or not that would be used as a record  
13 that NIOSH would use to determine, you know,  
14 to do a dose reconstruction or to develop a  
15 possibility for trying to figure out who's in  
16 the areas and maybe a percentage of time.

17 This person spends this much time  
18 in TA-55 and then this much time in TA-18,  
19 just to kind of figure out where service  
20 workers would be, to figure out how you're

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1 going to assign dose according to different  
2 areas and potential sources.

3 MR. MACIEVIC: No, we are using  
4 the other things, as the rad work permits and  
5 things that are official documents that  
6 someone does some kind of measurement or has  
7 to do something to find out what you're going  
8 to be doing as opposed to, yes, any document  
9 that is self-filled-out or a thing like that  
10 would be highly questionable.

11 MR. EVASKOVICH: Well, I had  
12 raised the question because, when we had  
13 talked before at one time, you had mentioned,  
14 "Well, we would assign like a percentage. We  
15 would try to assign a percentage."

16 MR. MACIEVIC: Oh, that was based  
17 on what I was talking about this morning with  
18 Don Stewart about, if we had tasks like when  
19 jobs categories are laid out and we look at  
20 the job categories to try to figure out which

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1       ones would fit in particular areas where you  
2       know the radionuclides are, then you would  
3       have to determine the length of time a person  
4       would be either cleaning an area or, if he  
5       were a security guard, was going to be in  
6       there maybe one day of the week, or something  
7       like that, and then adjust the dose value to  
8       the length of time.

9                       But that wouldn't be off of a  
10       self-proclaimed thing.       That would be an  
11       official document from either human resources  
12       or something like that that says, when you're  
13       punching the timecard, here's what it's being  
14       charged to, that kind of activity.

15                      Of course, that doesn't always  
16       hold, but it is a better, it is a much more --

17                      MR.   EVASKOVICH:       Yes.       Well,  
18       that's what I was wondering because, like  
19       going back to that, for, say, guards, we used  
20       timesheets.       When I first started there, we

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1       just had a pay code that we used for  
2       different, like you were assigned a pay code.

3                So, if you're an SB02, you used, I  
4       think we used S50. But like, say, if you're a  
5       special response team member, you get a little  
6       higher pay because you have additional duties  
7       and training requirements as far as like  
8       firearms and, you know, shoot house. So, they  
9       used S51 or something like that. So, there's  
10      different pay codes, and that's all we noted,  
11      but we worked all over the site.

12               Then, like I have talked to other  
13      support workers, and they would go to SM30.  
14      That's where the headquarters was, basically.

15      They would go to work, they would clock-in,  
16      and then they would say, "Well, we need you to  
17      go to this site here, this site there." They  
18      may have job codes and stuff, but I don't know  
19      if you can tie people to more particular work  
20      assignments.

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1                   MR. MACIEVIC:   No, it wouldn't be  
2                   down in that kind of detail of trying to  
3                   figure out based on a pay code what, because  
4                   then we would have to know every year --

5                   MR. EVASKOVICH:   Yes.

6                   MR. MACIEVIC:    What fraction of  
7                   your time.  No, this would be like you have a  
8                   security guard who would -- basically, you  
9                   would have, okay, that particular group enters  
10                  all facilities, and then it would be a matter  
11                  of what fraction would you assign to a  
12                  security guard going into facilities.  You are  
13                  not going to say 100 percent in each facility.  
14                  You have to figure out some kind of fraction.

15                  MR. EVASKOVICH:   Well, that's what  
16                  I was wondering, too, if you're going to use  
17                  this data to try to determine that fraction.  
18                  That's kind of my question.

19                  CHAIRMAN   GRIFFON:        It doesn't  
20                  sound like it.

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1                   MR. MACIEVIC:     No, because that  
2                   would be specific people within a group, and  
3                   we are not going to try to get down into the  
4                   weeds of which special groups of this one  
5                   umbrella group spend time. That's not going  
6                   to be it.

7                   It would be you would have  
8                   security, or whatever the official, security  
9                   guard, inspector, that would be the title, and  
10                  that would be that group gets assigned this  
11                  number.

12                  MR. EVASKOVICH:    Okay.

13                  MR. MACIEVIC:     That's about as far  
14                  as I'm going to go.

15                  MR. EVASKOVICH:    Well, that's what  
16                  I was wondering is, how do you develop that  
17                  number? My line of thought, that you would be  
18                  using access, you know, maybe take a sample  
19                  and say, okay, well, the guard spent this much  
20                  time at TA-18 and just average that and say,

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1       okay, that's our average.    You know, that's  
2       what I was wondering, how you develop that  
3       number.

4                   MR. MACIEVIC:    That's the key to  
5       developing that number.    We're going to have  
6       to base it -- but it's not going to be based  
7       just on --

8                   CHAIRMAN GRIFFON:   Self-reporting.

9                   MR. MACIEVIC:    Yes, self-reporting  
10       kind of things.    But we will have to find out  
11       the total number of facilities accessed and  
12       how much time in a particular week or in a  
13       year a person would have access.

14                   DR. NETON:     It might not be that  
15       specific.

16                   CHAIRMAN GRIFFON:   Yes.

17                   DR. NETON:     Typically, what we end  
18       up doing is finding the facility with the  
19       highest exposures that the person worked.

20                   CHAIRMAN GRIFFON:   Because of this

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1 whole issue of people going in and out of  
2 facilities, yes, yes.

3 MR. MACIEVIC: Right. Just like  
4 you're saying, yes.

5 CHAIRMAN GRIFFON: It's too  
6 complicated.

7 MR. MACIEVIC: Well, that makes,  
8 yes, more sense to do it that way.

9 DR. NETON: Typically, we don't  
10 get into that level of detail.

11 CHAIRMAN GRIFFON: Right. We've  
12 gone down that path and realized it doesn't  
13 work, yes.

14 DR. NETON: I'm not saying that  
15 it's not an option on the --

16 MR. MACIEVIC: No, but it sounds  
17 like that's a better route to go because you  
18 want to make sure that you are giving them a  
19 bounding kind of dose to apply to a person  
20 that's in a work situation.

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1                   CHAIRMAN GRIFFON:       Well, here's  
2       what I put for now:   the occupational health  
3       reports, the ones referenced in the question,  
4       are not being used by NIOSH to identify who  
5       should have been monitored for various  
6       radionuclide exposures.       Rather, the HP  
7       checklists are being used.   These are being  
8       cross-checked in matrix items 1 and 2.

9                   All right?   So, I just left it at  
10       that.   So, no further action on this.   If the  
11       question comes up later in how they are going  
12       to parcel out time, we will look at that.

13                   All right.   Now item 5 is the  
14       environmental.   It says, "Question raised  
15       about NIOSH's environmental model."   You say  
16       that this is the new section of the Site  
17       Profile that has just been out?   Is that what  
18       it is?

19                   MR. MACIEVIC:   Well, there's not  
20       an environmental model.       It's the

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1 environmental TBD --

2 CHAIRMAN GRIFFON: Right.

3 MR. MACIEVIC: That discusses all  
4 these issues in there. That was recently  
5 updated. Well, recently? It was about eight  
6 months ago or nine months ago. But that has  
7 been updated and is out there to be looked at.

8 CHAIRMAN GRIFFON: I guess I think  
9 an action here would be that SC&A probably  
10 needs to look at that, especially with regard  
11 to I think one of your concerns is the  
12 treatment of exotic nuclides and things like  
13 that in the environmental part, because that  
14 came up on your earlier comment, right? Yes.

15 MR. EVASKOVICH: Yes. Well,  
16 stacks and the testing sites.

17 CHAIRMAN GRIFFON: Yes. That's an  
18 SC&A action, I think, Joe.

19 MR. FITZGERALD: Yes.

20 CHAIRMAN GRIFFON: You haven't

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1 looked at this? Yes, it's just come out.

2 MR. MACIEVIC: That gives you two.

3 MR. FITZGERALD: Three.

4 (Laughter.)

5 This will be a new TBD  
6 environmental section?

7 CHAIRMAN GRIFFON: Yes.

8 MR. MACIEVIC: It's an  
9 environmental TBD.

10 MR. FITZGERALD: I mean, in  
11 general, is there anything that we can say  
12 about that?

13 MR. MACIEVIC: It has not really  
14 been -- I mean the issues -- I'm trying to  
15 recall what's in there. The issues that were  
16 really modified, I mean it's been pretty much  
17 the same.

18 The issues that we were discussing  
19 that have been changed are because of we had  
20 the previous SEC where we had discussed things

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1 pre-`75, how we were going to look at  
2 environmental. Since that's now all SEC,  
3 that's been removed and it's pretty much the  
4 same document as it was before, except I don't  
5 think it discussed previous years.

6 CHAIRMAN GRIFFON: Okay. Item 6,  
7 source-terms which were identified in the SEC  
8 petition that have not yet been addressed.  
9 And I might need more specifics here, if you  
10 can help me out.

11 MR. EVASKOVICH: Well, I referred  
12 to the areas of concern and possible release  
13 sites.

14 And those are designations from  
15 the Environment Department in New Mexico, and  
16 they are also referenced in the report that  
17 the National Academy of Sciences did  
18 concerning the monitoring wells that were  
19 drilled at LANL in order to look at the  
20 possible leaching in the groundwater.

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1                   Then, there are a number of sites  
2                   that are uncharacterized. So, they don't know  
3                   what's in them. I think there's a potential  
4                   there, at least for service workers, because  
5                   they may be in these areas doing work, for  
6                   exposure to who knows what.

7                   Then, the other issue that was  
8                   raised in the National Academy of Sciences  
9                   report is the mass balance, because they don't  
10                  have a mass balance for LANL as far as  
11                  materials that they used and where they ended  
12                  up at.

13                  So, I think that raises the  
14                  potential, the question of, have you captured  
15                  everything for the source-term or potential  
16                  exposure for workers?

17                  MEMBER MUNN:        Andrew, are you  
18                  suggesting that the test wells themselves are  
19                  a potential source that has not been  
20                  considered?

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1                   MR. EVASKOVICH: No. What it is,  
2 the purpose of the wells is to look for  
3 material leaching into the groundwater.

4                   MEMBER MUNN: I understand.

5                   MR. EVASKOVICH: So, they drilled  
6 the wells to monitor the groundwater to see if  
7 material was getting into there.

8                   MEMBER MUNN: Yes.

9                   MR. EVASKOVICH: Now potential  
10 release sites from above-ground leaching in --  
11 they haven't all been characterized. They  
12 don't know what's there. They don't know if  
13 it's toxic, if it's radiological. So, you're  
14 missing potential source-terms exposures to  
15 workers because they are in these areas in  
16 doing their work.

17                   MR. MACIEVIC: You mean on the  
18 surface?

19                   MR. EVASKOVICH: Yes.

20                   MEMBER MUNN: Potential surface

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1 leach sites is what you're talking about?

2 MR. EVASKOVICH: Yes. Yes. And  
3 those can either be affecting leaching into  
4 the groundwater or there are runoff issues  
5 when they go into canyons or if there's a hot  
6 spot somewhere.

7 MEMBER MUNN: Yes.

8 DR. NETON: What time period are  
9 we talking about?

10 MR. EVASKOVICH: Well, I'm trying  
11 to think. It's over a large period of time.  
12 I know I referenced some of the RCRA reports  
13 in the nineties, and they were talking about  
14 areas of concern, potential release sites. I  
15 forget how often the permit period is for  
16 LANL, but there are always --

17 DR. NETON: Now when you say  
18 "release sites", I mean --

19 MR. EVASKOVICH: Well, that's what  
20 they're characterized as. In the environment

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1 reports they are saying, well, we have a  
2 potential release from this site and we don't  
3 know what the material is.

4 DR. NETON: Okay.

5 MR. MACIEVIC: These are buried  
6 sites, right?

7 MR. EVASKOVICH: Well, they could  
8 be or in the forties they had the Kick and  
9 Roll Program where they just went out and they  
10 kicked it off the truck and they left it  
11 there.

12 So, they are trying to identify  
13 all the sites and the cleanups. It was one of  
14 the issues the Environment Department raised  
15 as far as their permitting for LANL. They  
16 were saying, well, look, you know with these  
17 sites also it's here.

18 DR. NETON: So, when someone would  
19 go out to these sites to do work at all, there  
20 would be no physics characterization at all?

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1                   MR. EVASKOVICH:   Well, they don't  
2 know what's there at the sites.

3                   DR. NETON:    Well, I know, but they  
4 typically go out with some kind of a survey  
5 team and do at least a surface survey.

6                   MR. EVASKOVICH:   Well, I'm not  
7 sure. See, that's why I raised the question.  
8    Has it been looked at and has it been  
9 identified?           Because the Environment  
10 Department says these are here, and I talked  
11 to some people who said, "Well, yes, we've  
12 been into this area."

13                  CHAIRMAN GRIFFON:   Can you help us  
14 out? Just for the action item list, it would  
15 help me if you within your initial petition,  
16 can you tell me what pages these are listed on  
17 or where they are further explained? So, that  
18 at least you can look into them further,  
19 because I don't think we are going to get very  
20 far without looking at those reports and

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1 understanding -

2 MR. FITZGERALD: I was also going  
3 to say it sounds like you have additional new  
4 sources that may not have been addressed at  
5 this point in the TBD. So, I'm not sure -- we  
6 can look at the TBD, but I'm not sure that  
7 that's going to help.

8 CHAIRMAN GRIFFON: Well, it's a  
9 different issue. I mean this could complicate  
10 your followup, yes.

11 MR. FITZGERALD: Well, it just  
12 means that there's things that aren't covered  
13 in the TBD that are sources that may have not  
14 been identified.

15 CHAIRMAN GRIFFON: Right. Right.  
16 Yes, I think you should take a preliminary  
17 look at the environmental report anyway.

18 MR. FITZGERALD: Right.

19 CHAIRMAN GRIFFON: And then have  
20 NIOSH look at this. Because I'm not sure --

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1 DR. NETON: Yes, I'm not sure what  
2 these are.

3 CHAIRMAN GRIFFON: Right.

4 DR. NETON: I mean, if it's  
5 surface contamination, that's one thing, but  
6 if it's subsurface burial or something,  
7 then --

8 CHAIRMAN GRIFFON: Where workers  
9 are likely not to access or have any exposure,  
10 yes --

11 DR. NETON: We need to look at it.

12 CHAIRMAN GRIFFON: You need to  
13 look at it further, yes. Okay. And Andrew  
14 can give us the references.

15 I'm just going to look at 7 while  
16 you're doing that. Well, this is about -- and  
17 I think I got that -- is it Sierra Grande?

18 MR. EVASKOVICH: Yes, and the  
19 spelling on that is C-E-R-R-O.

20 CHAIRMAN GRIFFON: C-E-R-R-O.

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1 Sorry. C-E-R-R-O. Thank you.

2 MEMBER BEACH: What year was that  
3 fire? Andrew, do you know offhand?

4 MR. EVASKOVICH: 2000.

5 MEMBER BEACH: It was in 2000?

6 CHAIRMAN GRIFFON: Yes, it was  
7 recently, yes.

8 MR. EVASKOVICH: And then there  
9 was another fire that was in the 70s. That  
10 one actually burned more of LANL, at least for  
11 some areas of concern.

12 CHAIRMAN GRIFFON: I may not have  
13 captured all your statement on that yet.

14 MR. EVASKOVICH: I think that was  
15 the Dome fire. I'm not sure. I'll have to  
16 look at that again because that one I couldn't  
17 find a lot of information on it.

18 CHAIRMAN GRIFFON: Okay.

19 MEMBER BEACH: You said that was a  
20 `76 fire?

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1 MR. EVASKOVICH: In the 70s.

2 MEMBER BEACH: In the 70s?

3 MR. EVASKOVICH: Yes.

4 MEMBER BEACH: Okay.

5 DR. NETON: I thought we addressed  
6 this issue.

7 CHAIRMAN GRIFFON: Did we?

8 MR. MACIEVIC: Well, we have a  
9 paper that Don Stewart, a study on --

10 CHAIRMAN GRIFFON: Yes, he's  
11 developing a White Paper, yes.

12 MR. MACIEVIC: Yes.

13 DR. NETON: I thought we talked  
14 about this.

15 MR. MACIEVIC: Today?

16 DR. NETON: No, no, no. Perhaps.  
17 I mean this is a familiar issue.

18 CHAIRMAN GRIFFON: Yes.

19 MR. MACIEVIC: What Don had done,  
20 though, is he looked at the air-sampling data,

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1 took the highest air-sampler data that gave  
2 the highest dose, and then modified it to the  
3 hours and amount of time that the firefighters  
4 would be there, and increased the amount of  
5 dose that the person would have gotten based  
6 on, well, it's based on the air-sample data  
7 that was taken at the fire.

8 CHAIRMAN GRIFFON: Yes, which  
9 doesn't answer the question of the adequacy of  
10 the monitoring, right.

11 MR. MACIEVIC: Right, right.

12 CHAIRMAN GRIFFON: But do you have  
13 that White Paper? Has he made that available  
14 yet or no?

15 MR. MACIEVIC: I've got it right  
16 here. Yes, we've got it, and I want to have a  
17 couple of people take a look at it. But,  
18 then, we can have it --

19 CHAIRMAN GRIFFON: Okay. All  
20 right. NIOSH.

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1                   MR. FITZGERALD:       What would be  
2                   also helpful is if DOE did a characterization  
3                   at the fire, how that compares, or does it --

4                   MR. MACIEVIC:       Well, let's see  
5                   what we've got out here.

6                                 Instead of me reading this, hey,  
7                   Don, are you out there, Don Stewart?

8                   MR. STEWART:       Yes, I sure am.

9                   MR. MACIEVIC:       Can you just go  
10                  quickly over the Cerro Grande, the little  
11                  White Paper we got, instead of me reading  
12                  through it and going through that?

13                  MR. STEWART:       Sure.    Los Alamos  
14                  did a report on all the data that they had  
15                  available.    They subsequently revised that  
16                  report and put out a final report.  I think it  
17                  was -- I don't remember the year.

18                                This work is based on that.  It is  
19                  just, okay, what if a person is at the worst  
20                  fire locations the entire time, and we made

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1 some claimant-favorable guesses or assumptions  
2 about that. Then, we basically just came up  
3 with an intake based on measuring results of  
4 the fire.

5 In fact, their highest result was  
6 for uranium, that they could not separate from  
7 naturally-occurring uranium. But I took that  
8 result because it was the highest result. And  
9 then, I think we assigned it as plutonium-239,  
10 basically, just to get the highest possible  
11 dose.

12 And we thought that was very  
13 claimant-favorable because, as we discussed  
14 with the firefighters, they were extremely  
15 mobile during this fire. They never spent  
16 much time at all in any one location  
17 constantly. So, by assuming that they spent  
18 the entire time at the fire, at the highest  
19 measured location, we felt that we had bound  
20 an impossible dose for the fire.

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1                   MR. MACIEVIC:     Right.     It went  
2     from .09 millirem up to .3 millirem, so  
3     basically a factor of three increase by making  
4     that assumption.

5                   DR. NETON:       Is that committed  
6     dose?

7                   MR. MACIEVIC:     Yes, committed  
8     effective dose equivalent.

9                   CHAIRMAN GRIFFON:   But you didn't  
10    address -- I mean I think you have a concern  
11    about the accuracy of the air monitoring.

12                  MR. MACIEVIC:   And we used the air  
13    monitoring --

14                  CHAIRMAN GRIFFON:       And the  
15    resuspension issue after -- this would only be  
16    during the fighting of the fire, right?

17                  MR. MACIEVIC:   Right.

18                  CHAIRMAN GRIFFON:       There's two  
19    parts of this that haven't really been --

20                  MR. EVASKOVICH:       Yes, because

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1 during the fire, power was lost to the air  
2 monitors for a number of days, one or three  
3 days. I think it just depends on the location  
4 of the monitors. So, there was no monitoring  
5 during that time.

6 And then, the other was the  
7 particulate accumulating on the filters,  
8 because it's a normal changeout time of two  
9 weeks, I believe, and I think they were  
10 changing them out daily because they were  
11 getting clogged with particulates from the  
12 fire.

13 So, I think that is something that  
14 needs to be addressed. The question, I guess,  
15 is, how much does it affect the accuracy of  
16 that monitoring?

17 Then, you have to consider after  
18 the fire, especially for the firefighters  
19 because they go back and they overturn the  
20 soil, and they're looking for different hot

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1 spots.

2 The nature of the fire, depending  
3 on the heat of it, it breaks down the soil.  
4 It causes it to erode easier, and it makes  
5 resuspension a lot easier for particulate  
6 material. So, I think you need to determine  
7 were they in hot areas, meaning radioactively  
8 hot, and how much resuspension was there? How  
9 was it affected by the fire?

10 I didn't see any of that  
11 addressed.

12 CHAIRMAN GRIFFON: Were there any  
13 surveys after the fire?

14 MR. EVASKOVICH: Maybe it was  
15 limited, limited discussion by LANL concerning  
16 resuspension, especially with radionuclides.

17 MR. MACIEVIC: I believe they did  
18 do some surveys after the fire.

19 CHAIRMAN GRIFFON: If you can get  
20 that White Paper to us, but, also, there's

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1 other parts of the questions you might want  
2 to --

3 MR. MACIEVIC: Right.

4 CHAIRMAN GRIFFON: If possible,  
5 follow up a little further, if there's  
6 anything to add to that. If they have in the  
7 LANL paper, maybe you can -- I don't know if  
8 that's posted, or whatever, but --

9 MR. MACIEVIC: No, it's not  
10 posted.

11 CHAIRMAN GRIFFON: Maybe that  
12 discusses the analytical techniques they used  
13 and how they pulled the samples.

14 MEMBER BEACH: Does that just  
15 address the 2000 fire or does it --

16 MR. MACIEVIC: Yes, just the Cerro  
17 Grande.

18 MEMBER BEACH: Just the Cerro.  
19 Okay.

20 CHAIRMAN GRIFFON: I mean I would

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1 be more concerned, quite frankly, on the  
2 location of the samplers rather than the -- in  
3 that type of event, if you're fighting a fire,  
4 where are you putting these samplers? I don't  
5 think they were BZAs or anything.

6 MR. MACIEVIC: And this is based  
7 on the data from the Los Alamos Airnet  
8 Environmental Air Monitoring System. So, we  
9 could go back, I guess, and see what the  
10 nature of the locations of these.

11 DR. NETON: And they were taking  
12 bioassay samples on these firefighters or --

13 MR. EVASKOVICH: Well, I don't  
14 know whether really the bioassay would have  
15 worked anyhow because they shut the lab down  
16 for two weeks. So, pretty much the only  
17 people that were there were -- I think they  
18 had limited operational personnel in the  
19 operational areas.

20 DR. NETON: The pre-samples.

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1                   MR. EVASKOVICH:    Yes.    And then,  
2                   they had guards and firefighters there.

3                   DR. NETON:       Excuse my ignorance,  
4                   but were these fires in very contaminated  
5                   areas?

6                   MR. EVASKOVICH:    Yes.    On page 46,  
7                   in fact, I start listing the areas of concern,  
8                   potential release sites.

9                   DR. NETON:        But do we know that  
10                  they were heavily contaminated?

11                  MR. EVASKOVICH:    Well, those are  
12                  areas that are, well, they are listed as areas  
13                  of concern or potential release sites.    So, I  
14                  don't recall the exact amounts that are in  
15                  there.

16                  I included a 500-page document  
17                  from the Environment Department that lists  
18                  these, and they talked about what's in some of  
19                  them that they know of.    Some they know, and  
20                  some they don't.

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1 DR. NETON: But it all depends on  
2 the surface contamination and -

3 MR. EVASKOVICH: Yes. So, I  
4 listed those I think just to inspire you to do  
5 a review.

6 (Laughter.)

7 CHAIRMAN GRIFFON: It would be  
8 interesting if they have any bioassays on  
9 those guys, though, you know, even a few weeks  
10 later, or whatever, yes.

11 MR. EVASKOVICH: As far as like  
12 the discussion of the areas further and the  
13 mass balance, that's on page 60 of the  
14 petition. So, pages 46 and 60.

15 CHAIRMAN GRIFFON: That's for the  
16 potential release areas?

17 MR. EVASKOVICH: Yes.

18 CHAIRMAN GRIFFON: Okay. Thank  
19 you.

20 MR. EVASKOVICH: There's

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1 discussion of that.

2 CHAIRMAN GRIFFON: Pages 56 and --

3 MR. KATZ: Forty-six and 60.

4 MEMBER MUNN: Forty-six and 60.

5 CHAIRMAN GRIFFON: Forty-six and  
6 60.

7 MR. EVASKOVICH: That's where they  
8 start at.

9 CHAIRMAN GRIFFON: Okay. All  
10 right, item 8 is, oh, this is pointing out  
11 LANL versus Nevada Test Site, I guess.

12 MR. MACIEVIC: It would be  
13 surrogate data.

14 CHAIRMAN GRIFFON: Surrogate data.  
15 Well, I guess they are just pointing it out  
16 for the Work Group's consideration.

17 MEMBER BEACH: So, this does  
18 question the in vivo data and the gaps. I  
19 think we captured that in some of our  
20 earlier --

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1                   CHAIRMAN GRIFFON:   Yes, I think is  
2                   more for, in my opinion, this is more for us  
3                   as a Work Group to keep in mind when we're  
4                   thinking of the equity issues, like if we did  
5                   this for Nevada Test Site, is it very similar  
6                   to what we are dealing with here?

7                   I think I would just say to my co-  
8                   Work Group Members, keep that in mind as we're  
9                   looking through this. I don't think there's  
10                  any action you're asking there.

11                  MR. EVASKOVICH:   No.    That was  
12                  more of a comment.

13                  CHAIRMAN GRIFFON:   Right, right.

14                  Okay.  Then, the last thing I will  
15                  say is, Andrew, from the document you sent us  
16                  a few days ago, if you have any further  
17                  followup, you know, if you want to make some  
18                  comments about that?  Some of the things I  
19                  know we covered today --

20                  MR. EVASKOVICH:   Yes.

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1                   CHAIRMAN GRIFFON:     But maybe not  
2     all of them.

3                   MR. EVASKOVICH:     Well, I wasn't  
4     too clear about, I know the discussion came up  
5     concerning the Tiger Teams. And the reason I  
6     raised that issue as far as the findings in  
7     Tiger Teams is because you guys were saying  
8     you're going to rely on the RWPs and the  
9     checklists.

10                  It seems that the findings are  
11     programmatic throughout LANL. So, I think it  
12     calls into question the reliability of the  
13     data in those documents, as to whether or not  
14     you can actually rely on what you're going to  
15     use them for.

16                  And I heard some discussion of it,  
17     but it didn't seem like it was fully  
18     addressed.

19                  CHAIRMAN GRIFFON:     Could the Tiger  
20     Teams have findings around the RWPs and the

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1 checklists?

2 MR. EVASKOVICH: Yes, that's what  
3 I've pointed out.

4 CHAIRMAN GRIFFON: Yes.

5 MR. FITZGERALD: I think the  
6 discussion we had earlier was you really have  
7 to rely on maybe your modern-day procedures  
8 for controls as a means to decide this  
9 question of exposure or no exposure, in the  
10 absence of data.

11 I think you are expressing a  
12 cautionary note that it is a mixed bag. You  
13 might have experience, or whatnot, that  
14 management controls were not as rigorous as  
15 they needed to be at the time. You get these  
16 snapshots that raise some questions about  
17 that.

18 So, I think it is a cautionary  
19 note about necessarily reading procedures  
20 literally and assuming that they were followed

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1 rigorously. I think it has to be healthy  
2 skepticism about actual implementation.

3 CHAIRMAN GRIFFON: Right, right.

4 MR. FITZGERALD: I think we accept  
5 that for sure, that you have to really  
6 question whether or not -- a checklist, for  
7 example, they're upstream, and whether they  
8 resulted in the bioassays is one thing we're  
9 going to look at, whether bioassays, in fact,  
10 were done as stipulated in the checklist. And  
11 I think we have to validate and verify when  
12 you can.

13 MR. EVASKOVICH: Well, not only  
14 that, but they did question the accuracy of  
15 the checklist because they said that they  
16 weren't always completed as they should have  
17 been. They weren't reviewed to make sure that  
18 they were completed properly, and sometimes  
19 they weren't even turned in. So, you may not  
20 even have a particular checklist that you may

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1 need.

2 DR. NETON: Right, but you have  
3 got to look at we are not relying solely on  
4 the checklist as a means of reconstructing  
5 dose.

6 MR. EVASKOVICH: Well, yes.

7 DR. NETON: You've got to kind of  
8 segregate the difference between a compliance  
9 audit and the program as it existed, and is it  
10 sufficient to at least put an upper bound on  
11 the doses, is what we're trying to do.

12 So, there's a big difference  
13 between a compliance-driven audit and some  
14 criticisms of the program versus is it so bad  
15 that you know nothing about the exposures of  
16 the workers and you can't bound them. I guess  
17 that's sort of the issue.

18 MR. EVASKOVICH: Well, that's what  
19 I'm saying, is I'm questioning is the accuracy  
20 there. It's not just the checklist, but they

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1 also do point out problems with the RWPs and  
2 the standard operating procedures.

3 So, that is kind of what I am  
4 saying. If you use that, you have to look at  
5 it to make sure that what you need is there.

6 MR. FITZGERALD: Yes.

7 MR. MACIEVIC: If you also look,  
8 though, in the checklist like we have, like I  
9 found basically six claimants that had the  
10 bioassay based on the checklist. As you start  
11 to look in more of this data, you find out  
12 that what they were requesting and what's in  
13 the files that we have or in the databases,  
14 when you start seeing that the majority of  
15 them are accurate, I mean you are going to  
16 find errors and problems in the thing, but if  
17 you can see that the bulk is holding tight, I  
18 mean of what you have, you can't dismiss it  
19 and say, because there are some problems, we  
20 have to ignore the bulk.

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1                   MR. FITZGERALD:     I think that  
2     issue becomes increasingly important where you  
3     have less and less data and less and less  
4     operational evidence.    I think when you are  
5     forced to rely on procedural compliance or  
6     management direction or practice, I think  
7     that's when you're -- I don't think there's  
8     any dispute about that.

9                   CHAIRMAN GRIFFON:   Right.

10                  MR. FITZGERALD:   I think the Tiger  
11     Teams are useful perhaps where they do overlap  
12     on the dosimetry program implementation, where  
13     it points out that you're not following your  
14     own procedures, and what have you, which is  
15     what they do.    But if you're not following  
16     your own procedures, that is a significant  
17     enough issue that raises questions about  
18     whether you can rely on those procedures as  
19     part of delineating this thing.

20                  So, certainly for those aspects of

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1 the program where you don't have something to  
2 fall back on, and you're looking at procedural  
3 compliance, then you've got some issues there,  
4 I think.

5           Hopefully, we won't be in that  
6 realm too often, but that is another topic of  
7 discussion that I guess we are going to  
8 entertain in Santa Fe, which is what you do  
9 when you don't have much data and you have to  
10 look at some of this qualitative information.

11           CHAIRMAN GRIFFON: Okay. Other  
12 items?

13           MR. EVASKOVICH: Well, I think we  
14 addressed some of them today because I'm  
15 starting to see the data now as far as the way  
16 the discussion went at the last meeting and  
17 just the Evaluation Report and the way it  
18 appears it seemed like we're making the jump  
19 from, well, we don't have the bioassay data,  
20 so we're going to do this model.

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1                   And that is kind of what drove the  
2                   reference in the first part, the regulations  
3                   and the guidelines and stuff, is that was  
4                   like, well, why are you making this leap,  
5                   especially it appears that you don't have the  
6                   room swipe and the air-monitoring data, by  
7                   making this leap to the model? Because you're  
8                   supposed to use this data before you actually  
9                   start developing a model.

10                   And it didn't seem like you could  
11                   develop a model when you didn't have that data  
12                   to begin with. It would seem to me that, in  
13                   order to meet the compliance or the monitoring  
14                   requirements, you would have to have that  
15                   data. So, I didn't see how you were going to  
16                   do a dose reconstruction with the model  
17                   because it has to be based on something  
18                   associated with the radionuclides of concern.

19                   So, it seems like you are  
20                   developing at least the room-monitoring data

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1 and the process-monitoring data, and maybe  
2 that is a fault with the Evaluation Report.  
3 It seems like NIOSH says, "Well, we can do  
4 this," but you don't really explain  
5 yourselves. You say, "Well, we have the data  
6 and we can do this," but you don't really  
7 elaborate enough. I think that causes, at  
8 least it caused me concern, and probably  
9 others, too.

10 If I can, I'll refer back to my  
11 experience when I was in the Marine Corps.  
12 One of the tenets of the Marine Corps is  
13 leadership. Every Marine is considered to be  
14 a leader, and part of that development as a  
15 Marine, they give you instruction. And one of  
16 the things that sticks in my head for the last  
17 20-some years is, if the student fails to  
18 learn, the instructor failed to teach.

19 Of course, the Marine has  
20 motivational means that they can achieve that

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1 a lot easier than I think NIOSH can in dealing  
2 with the public.

3 (Laughter.)

4 MEMBER MUNN: That's true.

5 MR. EVASKOVICH: However, so we  
6 can't say that the failing is entirely on the  
7 instructor in this case.

8 But I have had this discussion  
9 with Larry Elliott. I mean, how do you  
10 explain sufficiently so that people  
11 understand? It's a failure to communicate.

12 I think I have managed to push you  
13 in the right direction. At least I think I  
14 did. What I have been doing is trying to get  
15 a little bit better -- I mean this is more of  
16 a broad concept than the Work Group itself,  
17 but that's my intention. If you can do dose  
18 reconstruction and not grant an SEC, explain  
19 how you are going to do it sufficiently so  
20 that people are satisfied with the answer. I

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1 think that would eliminate a lot of problems.

2 I mean, granted, it's not an easy  
3 task, and it may not even be achievable,  
4 because I know how people are as far as levels  
5 of understanding. Or some people just they  
6 know what they think and that's it. So, I'm  
7 not asking for an absolute in this case. I'm  
8 just asking for a little help.

9 CHAIRMAN GRIFFON: Anything else  
10 for the record?

11 (No response.)

12 Okay. Ready to wrap it up?

13 I have an updated matrix which I'm  
14 going to email to Ted right now.

15 MR. KATZ: I will circulate it to  
16 everybody to have it.

17 CHAIRMAN GRIFFON: Yes, that would  
18 be great. Okay. And now it's out of my  
19 hands. I have no actions now.

20 (Laughter.)

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1                   The only action I don't know if I  
2                   captured here as a specific listed action --  
3                   do you want to go through an action list  
4                   separate from what I have listed in these?

5                   MR. KATZ:     Well, I think you've  
6                   captured them.

7                   CHAIRMAN GRIFFON:   Yes.

8                   MR. KATZ:     And I think everybody,  
9                   SC&A and DCAS could use your matrix.

10                  CHAIRMAN GRIFFON:   Right.

11                  MR. KATZ:     But I still would  
12                  think, for discipline, we should put out those  
13                  action item lists from SC&A. I think it's not  
14                  LANL.     So, you can pull it up.   Copy and  
15                  paste, but copy and paste to an email, so we  
16                  have those.

17                  MR. MILES:    Can we see it soon?

18                  MR. KATZ:     You'll see it.   You'll  
19                  see it.

20                  DR. NETON:     Just make sure it's

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1 consistent with what we've --

2 MR. KATZ: Yes, absolutely.

3 MR. MACIEVIC: Can we just say, I  
4 mean as far as we've read this over and --

5 MR. KATZ: No, you'll send --

6 MR. MACIEVIC: You want an  
7 official --

8 MR. KATZ: I want an official --

9 DR. NETON: We can do that.

10 MEMBER BEACH: So, what about time  
11 frames of when --

12 MR. KATZ: That's what we need to  
13 talk about now.

14 CHAIRMAN GRIFFON: When to meet  
15 again?

16 MR. KATZ: Yes.

17 CHAIRMAN GRIFFON: Yes.

18 MEMBER MUNN: I'm assuming that  
19 you have all the information you need for the  
20 report in Santa Fe.

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1                   MR. KATZ:     Yes, do you need to  
2     have any discussion about what to report?

3                   CHAIRMAN GRIFFON:   No.

4                   MR. KATZ:     Or are you good on  
5     that?

6                   CHAIRMAN GRIFFON:   Yes, I can give  
7     an update.

8                   But when the meeting is might be  
9     -- I mean it's dependent.     You have the  
10    majority of the actions; Joe has two, right,  
11    or three?

12                   (Laughter.)

13                   MR. MACIEVIC:    Yes.

14                   MR. FITZGERALD:   Three.

15                   CHAIRMAN GRIFFON:   And I have one,  
16    which is to hit Send here in a second.

17                   (Laughter.)

18                   MR. KATZ:     So, I mean, they're not  
19    going to be able to answer very quickly --

20                   MR. MACIEVIC:    Do we know when

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1 we're going --

2 MR. KATZ: Do you have a crude  
3 sense of how much work is ahead of you?

4 CHAIRMAN GRIFFON: Yes.

5 DR. NETON: It will be months.  
6 It's not going to be weeks.

7 MR. KATZ: That was my sense.

8 DR. NETON: Yes.

9 CHAIRMAN GRIFFON: I imagine we're  
10 looking around the February time frame?

11 MR. KATZ: So, we're talking about  
12 before the next Board meeting, I guess?

13 DR. NETON: I think we should be  
14 prepared to do something before the next Board  
15 meeting. We may not have all of them, but --

16 MR. MACIEVIC: We are going to  
17 have some of them.

18 DR. NETON: I would hope to  
19 have --

20 CHAIRMAN GRIFFON: Do we want to

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1 look at calendars?

2 MR. KATZ: Well, why don't we look  
3 at calendars then? Yes, let's just do it that  
4 way. Let's look at February.

5 CHAIRMAN GRIFFON: February, yes.

6 DR. NETON: You can get your name  
7 on the list first.

8 MEMBER MUNN: We have a telecon in  
9 January, and our meeting in February doesn't  
10 start until the 23rd.

11 CHAIRMAN GRIFFON: Our meeting is  
12 February 23rd?

13 MEMBER LOCKEY: When is it?

14 MEMBER MUNN: February 23rd in  
15 Augusta.

16 MEMBER LOCKEY: Augusta? A tough  
17 place to get to.

18 MEMBER MUNN: Yes, hard in  
19 February, too.

20 MR. KATZ: Flying to Atlanta and

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1 driving, but flying to Augusta directly --

2 MEMBER LOCKEY: Yes, it's a two-  
3 hour drive.

4 DR. NETON: There used to be a  
5 direct flight into --

6 MR. KATZ: You could fly into  
7 Augusta, whatever.

8 MEMBER LOCKEY: No, no, you get  
9 stuck in Augusta forever.

10 CHAIRMAN GRIFFON: Is there  
11 another meeting here?

12 MR. KATZ: There is one other  
13 meeting already set, which is, I'm thinking  
14 for some reason that it's a Procedures  
15 meeting.

16 MEMBER MUNN: Procedures in  
17 January on the 5th.

18 MR. KATZ: Oh, that's earlier.  
19 Okay.

20 MEMBER BEACH: We have a Worker

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1 Outreach. Oh, no, that's December. Never  
2 mind.

3 CHAIRMAN GRIFFON: How about  
4 January 31? Or one of those Mondays? The  
5 31st, the 7th, or the 14th would be good for  
6 me.

7 MEMBER LOCKEY: What day is that?

8 CHAIRMAN GRIFFON: January 31,  
9 it's a Monday.

10 MR. KATZ: Monday, the 14th, is  
11 Valentine's Day. That's fine.

12 MEMBER MUNN: It's Valentine's  
13 Day. We don't want to do that.

14 MR. KATZ: How's the 14th for  
15 everybody?

16 MEMBER LOCKEY: What day is that?

17 MR. KATZ: It's a Monday.

18 MEMBER MUNN: The only bad thing  
19 about the 14th is that that's the week before  
20 the meeting.

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1                   CHAIRMAN GRIFFON:   Yes, it is the  
2 week before the meeting.

3                   MR. KATZ:    Oh, yes.

4                   MEMBER MUNN:   And the week before  
5 the meeting --

6                   CHAIRMAN GRIFFON:   You're probably  
7 right, yes.

8                   MEMBER MUNN:   Yes.

9                   MEMBER BEACH:   Well, and that's  
10 coming in on a Sunday, too.

11                  MEMBER LOCKEY:   And it forces  
12 people to travel on a weekend, too.

13                  MEMBER BEACH:   So, I don't want to  
14 do it.

15                  MEMBER LOCKEY:   I don't think it's  
16 good, yes.

17                  MEMBER MUNN:   Well, I don't mind  
18 that, but the 31st should be okay.

19                  MR. KATZ:    The 31st, it may not be  
20 so much time --

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1                   MEMBER BEACH:       That's a Monday  
2                   again.

3                   MR. KATZ:         I mean you have  
4                   holidays in December, too, that are going to  
5                   cut out of our DCAS progress.

6                   MEMBER LOCKEY:    It means you have  
7                   to travel Sunday.

8                   MEMBER BEACH:    I don't want to do  
9                   that.

10                  MEMBER LOCKEY:    Yes, I know, we  
11                  don't want to do that. It's all right with me  
12                  because I'm in town.

13                  MR. KATZ:        I think Mark was trying  
14                  to find dates that work --

15                  CHAIRMAN GRIFFON:    Yes, I was  
16                  trying to find one end or the other of the  
17                  week. How about Thursday maybe, the 3rd or  
18                  10th?

19                  MR. KATZ:        How about the 10th?

20                  MEMBER LOCKEY:        I can't do

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1       Thursdays.

2                   CHAIRMAN   GRIFFON:       How    about  
3       Friday?

4                   MR.   KATZ:    How about Friday?

5                   MEMBER  PRESLEY:   Friday's good for  
6       me.

7                   CHAIRMAN  GRIFFON:    The 4th or the  
8       11th?

9                   MEMBER  MUNN:    Let's do the 4th.

10                  CHAIRMAN   GRIFFON:        So,    then,  
11       you're traveling home on the weekend, right?

12                  MEMBER   BEACH:    No, I just leave  
13       after the meeting.

14                  CHAIRMAN   GRIFFON:        Oh, okay.    The  
15       4th?

16                  MR.    KATZ:    Well, for having more  
17       time, I would suggest the 11th.

18                  MR.    MACIEVIC:    Yes, I would like  
19       to have -- well, it depends on how much you  
20       expect.    If you want a response to all these

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1 things we're digging up data on --

2 CHAIRMAN GRIFFON: Well, the more,  
3 the better, obviously.

4 MR. KATZ: Which is why I would  
5 say the 11th, if that works with everybody,  
6 instead of the 4th.

7 MEMBER MUNN: That's great.

8 CHAIRMAN GRIFFON: The 11th is  
9 okay, yes.

10 MR. KATZ: February 11th?

11 MEMBER PRESLEY: That's good for  
12 me.

13 MEMBER MUNN: Good. Will you  
14 come?

15 (No response.)

16 MR. KATZ: We haven't picked a  
17 Mound date.

18 MEMBER MUNN: Bob, that was  
19 addressed at you?

20 (No response.)

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1                   MR. KATZ:     Or by phone is good,  
2     too.

3                   Are we adjourned?

4                   CHAIRMAN GRIFFON:   No.    The only  
5     thing in the action items that I didn't  
6     address, and I'm trying to tuck it in here  
7     somewhere, is to ask NIOSH to post that  
8     database on the O: drive, the dosimetry  
9     database.

10                  MR. FITZGERALD:   The bioassay?

11                  CHAIRMAN GRIFFON:   Not that we're  
12     all going to go through and do the matching,  
13     but just so we have access to it.

14                  MR. MACIEVIC:       Oh, yes, the  
15     bioassay.

16                  CHAIRMAN GRIFFON:       Yes, the  
17     bioassay database. I don't know if you've  
18     gone through that --

19                  MR. MACIEVIC:       Was that the in  
20     vivo one we were talking about?

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1                   CHAIRMAN GRIFFON:   Well, in vivo  
2 is when it comes for exotics --

3                   DR. NETON:       Yes, I got the  
4 impression that Liz actually pulled out,  
5 queried and pulled out something.

6                   CHAIRMAN GRIFFON: Right.

7                   DR. NETON:   I don't know what kind  
8 of --

9                   CHAIRMAN GRIFFON: Right.

10                  DR. NETON:   We need to look at it.  
11 I don't know if it's Access or --

12                  CHAIRMAN GRIFFON:       Okay, if  
13 possible.

14                  MR. MACIEVIC:   Is that Liz? Are  
15 you on there, Liz?

16                  MS. BRACKETT: Yes, this is Liz.

17                  We do have an Access database that  
18 has in vitro and in vivo separate tables.

19                  CHAIRMAN GRIFFON: Okay.

20                  DR. NETON:   I think people know

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1 how to use Access.

2 CHAIRMAN GRIFFON: That would be  
3 great, yes. Yes.

4 MEMBER MUNN: Now that Mark has so  
5 much free time, he can look at it.

6 CHAIRMAN GRIFFON: Yes, I'll  
7 glance through that on the next oil rig.

8 (Laughter.)

9 MR. KATZ: Put that on your action  
10 list.

11 DR. NETON: Have you got that  
12 down?

13 MR. KATZ: Do you have that down?

14 CHAIRMAN GRIFFON: I'm looking for  
15 a place to put it in the matrix.

16 But I think we can adjourn now.

17 MEMBER PRESLEY: All right, see  
18 you all later.

19 CHAIRMAN GRIFFON: All right.

20 MR. KATZ: Thank you, everyone

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1       who's hung in on the line.

2                       CHAIRMAN GRIFFON:    The meeting is  
3       adjourned.

4                       Thanks.

5                       (Whereupon, at 3:14 p.m., the  
6       above-entitled matter went off the record.)

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